

IN THE COURT OF APPEALS
OF THE STATE OF WASHINGTON

DIVISION II

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DIVISION II
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STATE OF WASHINGTON
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MELANIE RAM

Kitsap County Case No.:

Plaintiff Pro Se, APPELANT

20-2-00653-18

Vs

Court of Appeals No.

PORT WASHINGTON

565838

RESPONDENT

BRIEF OF APPELANT

MELANIE RAM, PLAINTIFF PRO SE

Appellant Brief of, Plaintiff -1

2youtext1@gmail.com

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I. INTRODUCTION

On November 2nd, 2015, Plaintiff Pro Se, Melanie Ram moved onto the Defendant's property at 1900 Naval Ave, Bremerton, WA 98312. In May 2016 the Plaintiff began seeing signs of significant, yet unexplained GI bleeding. On October 28th, 2016, the Plaintiff engaged in the start of a complex medical investigation into various GI symptoms necessitating specialty care.

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On January 19 there was a leak of ample moisture on a small area of ceiling in the Plaintiff's apartment (50.) On January 24th the Plaintiff discovered a patch of mold the size of a large coin over the wet area of the ceiling. Between the 24th and February 3rd the Plaintiff and the Defendant argued about repairs. On Feb. 3rd the Plaintiff stopped trusting the Defendant's inclination towards proper maintenance and filed a work order forbidding entry into her unit in her absence. On Feb. 3rd, after business hours, the Plaintiff collected a mold sample while filming the process. The act was intended to document the mold as the Plaintiff began contemplating breaking her lease. That evening the Plaintiff had an anaphylactic shock reaction.

Sometime between February 7 and 10, 2017 the Defendant entered the Plaintiff's apartment, in her absence, and removed

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the mold which the Plaintiff now needed to identify the source of the respiratory reaction. The Plaintiff's bleeding and abdominal symptoms disappeared naturally as she distanced herself from personal belongings she had possessed while residing at 1900 Naval Ave. The complex medical investigations she had undertaken returned negative results for any other known ailment that could have caused the Plaintiff's symptoms. However, despite much effort the Plaintiff was unable to figure out the source of her once in a lifetime allergic reaction without a mold sample. The Plaintiff filed a suit against the Defendant for damages. In the process, the Plaintiff was able to prove beyond any doubt, she had been exposed to black mold. After greatly recovering from the impact of

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exposure, the Plaintiff began suspecting she had lived under the influence of neurotoxins while at 1900 Naval Avenue.

Consequently, she pulled the police records and tabulated aggression, depression 911 events on the Defendant's property by means of a mouse pictogram. This, alongside a statistical analysis prepared by the chief of police, James Burchett corroborated the Plaintiff's suspicions. Moreover, in the 911 files, the Plaintiff found cases in which other tenants at 1900 Naval Ave reported some of the unusual health problems experienced by the Plaintiff.

During the civil process the Plaintiff filed a motion to

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Amend Complaint. She received an email notification the motion had been improperly filed. The Plaintiff asked the court if her motion could be heard nonetheless and was instructed to follow procedure. The Plaintiff refiled the motion and it was granted in part. The parties to litigation met for a Settlement Conference, as required by the court, which the Plaintiff terminated. The Defendant sent an email to the judge's office advising the Settlement Conference had failed and asked permission to file a Motion for Summary Judgement to be heard after the deadline for all Dispositive Motions. Judge Kevin D. Hull agreed by email to hear the Defendant's motion before the Plaintiff discovered the email exchanges. The

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Defendant's Motion for Summary Judgement was heard On Friday, Dec. 3rd, 2021, and on Monday Dec. 6th, 2021, Judge Kevin D. Hull entered the order granting the Motion in full and with Prejudice.

II. ASSIGNMENT OF ERROR

No. 1. The trial court erred in entering the Order of December 6, 2021, granting Defendant's Motion for a Summary Judgement after the hearing held on December 3 2021.

Issues Pertaining to Assignment of error

Issue 1. Standard of review "De Novo."

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The Plaintiff also suggests great costs and hardships due to a

missing mold. The parties do not agree when the mold was removed, and the evidence presented could be viewed by a rational fact finder in favor of the Plaintiff. Judge Kevin D., Hull should have not entered the order in favor of the Defendant because the Defendant provided no proof the mold was fixed on February 3rd 2017 to settle the question.
(Assignment of Error 1.)

Issue 2. Standard of review "De Novo"

Did the Defendant have a legal obligation to provide evidence that supports rather than contradicts his arguments regarding the identity of the collected sample of mold to grant his Summary Judgement against the Plaintiff? (Assignment of Error 1.)

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Issue 3. Standard of review "De Novo"

Did the Defendant have a legal obligation to provide evidence that supports rather than undermine his claim that the Plaintiff has a long history of health problems like those reported while residing at 1900 Naval Ave" in order to grant his summary judgement against the Plaintiff? (Assignment of Error 1.)

Issue 4. Standard of review "De Novo"

Would a rational finder of fact lean towards the Plaintiff's cause when comparing claims based on 3 pages of a 4-year-old, misrepresented ingrown hair and talk of hemorrhoids with the contents of the medical records presented by the Plaintiff? Could the Plaintiff's claims of hundreds of relevant pages after moving onto the Defendant's property come to bear the finders of fact decision? (Assignment of error 1.)

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Issue 5. Standard of review "De Novo"

The Defendant's motion should have not been granted because, when comparing the evidence produced by both parties and the testimony on record by experts, a finder of fact could easily decide in favor of the Plaintiff in regard to the Plaintiff's gastrointestinal health and its relationship to the Defendant's property. (Assignment of Error 1.)

Issue 6. Standard of Review "De Novo"

The Plaintiff claims that in regard to her allergic reaction, the evidence she introduced into court records, the discrepancies between the doctors and associated nurse's

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summary notes, the Plaintiff's recorded complaints about Kaiser Permanente practice, as well as testimony from her medical expert, there is a genuine issue of finding of material fact that can only be determined during a trial. (Assignment of Error No.1)

Issue. 7.

The Defendant's property is a 70-unit Multiplex. Granting the Defendant's motion for Summary Judgment creates an illusion of safety for past, present and future residents. Moreover, such order prohibits the introduction or further evidence by the Plaintiff into public records, for public safety.

Issue. 8.

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The Plaintiff has a right to know why her case was dismissed. The Plaintiff respectfully requests the Court of Appeals to rescind the superior courts order entered on December 6th 2021 granting the Defendant's Motion for Summary Judgment because the Superior Court failed to provide any indication of the facts evidence arguments expert opinion or application of law why don't think it's decision.

Issue. 9. Standard of Review " De Novo."

The Plaintiff respectfully requests the Court of Appeals to rescind the Order entered on December 6th 2021 granting the Defendants motion for Summary Judgment because the preponderance of evidence to support expert testimony, as well as appropriate, reliable, credible expert testimony based on actual medical investigation would move a finder of fact to find (Assignment of error 1.)

in favor of the Plaintiff's claims and claims and cause/s.

(Assignment off Error 1.)

III. STATEMENT OF THE CASE

STANDARD OF REVIEW: The Plaintiff respectfully requests a "**DE NOVO**" Standard of review on all facts, evidence, arguments, expert testimony and Applicable Law to the Plaintiff's Pro Se, Melanie Ram.

Between November 2nd, 2015 and March 2017 the Plaintiff Pro Se, Melanie Ram was a renter on the Defendant's (Port Washington LLC) property located at 1900 Naval Ave Bremerton WA 98312. CP 5-13, CP 33-35. She first resided in apartment 122, which had a leaking toilet and a rotting wood floor (CP 385-387, Apt. 122 pictures.) Early in 2016 the Plaintiff was finally transferred to unit 314. Unit 50 became available by chance around April 2016. The Plaintiff had seen

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the unit while it was still occupied. It was spacious and had water views from every room. The Plaintiff asked permission to transfer to unit 50 and it was granted (CP 90-97 Rental Contract) By October 28, 2016, the Plaintiff began undertaking a medical investigation for severe Gastrointestinal bleeding, dizziness, heartburn, abnormal bowel movement etc. (CP 226, CP 227 /Prescription/M.D. Appointment) On October 28, 2016, the Plaintiff had an appointment with Dr. Lomotan a primary care physician. Based on the diversity and severity of symptoms the Plaintiff was referred to a gastroenterology specialist and was prescribed heartburn medication (CP 226, Prescription.) CP 230, is a November 2nd, 2017, appointment arranged on behalf of the Plaintiff with Doctor Narrenda Siddaiah. However, based on her own research, the Plaintiff selected Doctor Andrew Dean Feld, a Seattle Gastroenterology

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specialist with forty years of practice, who is also a UW professor with clinical research experience. Dr. Feld is a highly thought of specialist. The Plaintiff had to wait for an appointment from the end of October 2016 until February 8th, 2017.

Statement of the Case. General Events

On January 19th, 2017, months after the Plaintiff began her medical investigation, there was an overnight ceiling leak in the Plaintiffs apartment (CP 99.) At the time the Plaintiff was residing in the last unit she rented on the Defendant's property, that is apartment 50. On January 24, 2017, five days after the leak, the Plaintiff discovered a patch of mold about the size of a

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large coin growing on the ceiling (CP 119 i.e Exhibit F +
Picture of Mold on Feb 3rd. No number assigned to mold
picture. 2 Pages total)

CP 101, is a note from the Plaintiff to the Defendant. Said
note was in the possession of the Defendant and it was entered
into evidence by the Defendant. According to this note by
February 3rd the Plaintiff was expecting the arrival of a
subcontractor to clean up the mold from the Plaintiff's ceiling
and beyond. After the mold was discovered and reported on
January 24th, the Plaintiff's interactions with Mr. Dick Deck
(the apartment manager) resulted in frequent arguments.
(Exhibit Video, offered to the court) On January 24th Mr. Deck
seemed very receptive to acknowledging the mold and
notifying the landlord. On the Plaintiff's subsequent return to
inquire about repairs Mr. Deck stated it had to wait until the

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rain stopped. At this point, the Plaintiff and Mr. Deck began arguing but by the end of the interaction Mr. Deck promised to talk to his employers once more. On every new encounter the argument would resume and end the same way until the Plaintiff was finally promised a repair man on February 3rd, 2017 (CP 101) Instructions for Repairman). By Feb 3rd the Plaintiff had been requesting a cleanup since January 24. The Plaintiff believed the mold growing on her ceiling was evidence a greater mold problem was proliferating somewhere on the defendant's property. The Plaintiffs suspicions turned towards the attic based on a statement made by Mr. Deck. After a first leak in the Plaintiff's apartment 50 (CP 99, Jan. 19 Notice of a leak) Mr. Deck claimed the skylights had been leaking for the last four years.

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As CP 101 (Feb. 2nd Instructions for Repairs) indicates on February second the plaintiff left instructions for the mold repairs she expected on February 3rd. However, on Feb 3rd nobody came. The Plaintiff argued again and this time Mr. Deck, frustrated, pulled a work order from his desk's drawer and began filling it out. CP 383_(Feb. 3rd Work Order.) is completed in both the managers and the Plaintiff's handwriting. By now the Plaintiff began to think the Defendants were careless about conditions on their property and may not be trusted with appropriate repairs. Consequently, the Plaintiff instructed the Defendant to abstain from entering apartment 50 in her absence to undertake mold remediation as the Plaintiff intended to witness the quality of repairs, (CP 383, Work Order.) Between the Plaintiff's ensuing health problems, after moving onto the defendant's property, and the witnessed attitudes the Plaintiff began considering vacating the property.

Consequently, on February 3rd, 2017, after the Defendant's final failure to deliver on repairs (CP103 repair instructions for the 3rd of Feb.), the Plaintiff prepared to document the mold for the purpose of breaking the lease to move out. On the evening of February 3rd, the Plaintiff collected a sample of mold for laboratory analysis. (CP 270, CP 271) A friend of the Plaintiff filmed the collection process. The Defendant was provided a copy during Discovery acknowledges its existence in his Motion for Summary Judgement. Said video was offered for viewing to judge Kevin D., Hull during the Hearing on the Defendant's "Motion for Summary Judgement" The video documents detail such as the Plaintiff's state of mind, the collection process, as well as other factually relevant information regarding the Plaintiff's Claims and Defenses against the Defendant. The Plaintiff has long hair. On the evening of Feb. 3rd, 2017, she also wore a buttonless, zipper-

less, black, tight, long sleeve top. She efficiently collected a sample of mold while looking down and holding her breath. The behavior was instinctive. The Plaintiff found the prospect of inhaling mold unappetizing. Later in the evening while undressing to turn in, the Plaintiff got stuck in her tight top while pulling it across her head. This time she did not hold her breath. The Plaintiff went to sleep, and shortly after she had a mild anaphylactic shock reaction. February 3rd, 2017 was a Friday. Overnight, the Plaintiff slept in her car, in the Defendants parking lot. This was not the first time the Plaintiff had to sleep in her car over the conditions on the Defendant's property. On February 4th, 2017, the Plaintiff was scared, tired, confused and extremely congested. On February 5th the Plaintiff realized that on Feb. 3rd she had had an anaphylactic shock reaction. On Feb. 6th Bremerton was snowed in for the first and last time for the year. On February 7th the Plaintiff

moved into a hotel room (CP 276 Receipt) When she left apartment 50 the mold was on the ceiling and she had already warned the Defendant against entering in her absence by means of the Feb . 3rd 2017 work order (CP 383, Work Order.) On February 8th, the Plaintiff was due at her appointment with Doctor Feld, a gastroenterology specialist (CP 231 Gastro Appt.)

Statement of the Case. the Plaintiff's Gastrointestinal Health.

After an initial consultation, Dr. Feld who had been informed the Plaintiff discovered mold in her apartment, recommended she undergo a colonoscopy to eliminate other potential explanations for her symptoms. CP 231 is a note written by Dr. Feld arranging a colonoscopy and a referral to the allergies department.

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The colonoscopy was designed to investigate conditions known to induce symptoms like those reported by the Plaintiff, including bleeding. CP 232 is a post-colonoscopy report from Dr. Feld indicating the Plaintiff was NOT found to have hemorrhoids. During the colonoscopy, tissue samples were removed and sent to a laboratory to determine whether the Plaintiff had Colitis, a medical condition known to cause symptoms beyond bleeding, such as abdominal pain, irregular bowel movement etc. The lab results were negative for Colitis CP 234. As the Plaintiff had to drive to and from the hospital the procedure was executed without sedation. The Plaintiff experienced a lot of pain, and the specialist terminated the procedure before reaching the Plaintiff's stomach.

The Plaintiff does not have a history of heartburn or

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unexplained infections prior to moving onto the Defendant's property. After taking residence at 1900 Naval Ave, Bremerton WA 98312 (the Defendant's property) the Plaintiff began having extended episodes of heartburn (CP 226, Prilosec prescribed by Dr. Lomotan on October 28, 2016). CP 235 are the lab results of a second colonoscopy aimed at identifying the source of heartburn. Doctor Feld continued testing for other medical conditions associated with symptoms previously reported by the Plaintiff. As the laboratory results indicate the Plaintiff was found to have an active Helicobacter Pylori infection, CP 235. Once more the Plaintiff tested negative for colitis, eosinophilic esophagitis and many other conditions. CP 235. The Plaintiff never received any treatment for the GI bleeding, belly aches or related problems. Dr. Feld treated the Plaintiff solely for an H. Pylori infection, a potential source of

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heartburn however not bright red blood. The bleeding stopped on its own as the Plaintiff gradually discarded belongings she had possessed while residing on the Defendant's property (CP 54-69 Motion to Amend Complaint.) However, at the beginning of 2021 the Plaintiff had an oral bacterial infection and around March 2021 she sought the attention of a Kaiser Permanente Ear, Nose Throat specialist. The specialist was shown a picture of the mold growing on the Defendant's property and learned of the Plaintiff's past health problems. (CP 237, CP 238) is a prescription written by Dr. Rowland, intended to treat bacterial and FUNGAL infections. During the visit the Plaintiff asked the specialist to run fungal cultures as well as bacterial cultures to determine whether she had a fungal infection as a matter of fact. Later the Plaintiff discovered her request had gone tacitly

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ignored. The Specialist only ran bacterial cultures. The Plaintiff decided to begin seeking medical advice outside of Kaiser Permanente.

Dr. Buscher is an environmental specialist as well as an allergist, and he will be called to testify as an expert on behalf of the Plaintiff. His practice is not associated with Kaiser Permanente. After learning the Plaintiff's history Dr. Buscher ordered tests to determine whether the Plaintiff was exposed to black mold. CP 282-285 (My Body) shows the Plaintiff was positive for three different mycotoxins, that is toxins produced by mold. Trichothecenes is a toxin produced by *Stachybotrys chartarum*, also known as black mold (CP 283.) According to Cp 283, Trichothecenes are known to induce the following symptoms: "A wide range of GI problems, damage to blood

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producing cells, vision problems, breathing issues, lung and nasal problems, contributor to sick building syndrome" Long after the Plaintiff's GI problems cleared, this was the concentration in the Plaintiff's body was 0.121 ppb (CP 282.)

Gliotoxins are toxins produced by Aspergillus SPECIES (CP 283.) And are associated with the following conditions:

"immune disfunction disorders, association with tumors of brain and lung, etc" (CP 283.) The concentration of gliotoxins in the Plaintiff's body was 1.667 ppb (CP 282.) The Plaintiff's propensity towards random, apparently normal flora bacterial infections has not yet cleared. Zeralenone is a toxin produced by Fusarium Species. Zeralenone is associated with the following conditions: inability to ovulate, spontaneous abortions, may lead to early puberty in girls, etc." The concentration in the Plaintiff's body was 0.803. Since 1900 Naval Ave the Plaintiff skips menstrual cycles still, and she

reported what seems like hot flashes (CP 54-69, Motion to Amended Claims.) The Plaintiff was in her thirties when she moved onto Naval Ave. CP 339 is just one page from Lab Tests ran by Dr. Buscher. It shows the Plaintiff was populated by yeast as well as bacterial infections.

The Plaintiff investigated her current residence for black mold (CP 318-335 Air Tests.) The building is roughly six years old, and the Plaintiff began renting in it, August 2018. The results were negative for *Stachybotrys chartarum* or any mold known to produce the toxins discovered in the Plaintiff's body. Over areas suspected of toxic cross contamination by personal furniture and things brought from the Defendant's property, the Plaintiff ran an composition of dust test. The ED laboratory test analyzed dust from the Plaintiff's bedroom for the presence of trichothecenes, the toxin produced by black mold. The test was positive for the toxin. Unfortunately, ED laboratories

do not provide tests geared towards determining the environmental presence of gliotoxin or zeralenone, the other mycotoxins discovered in the Plaintiff's body. CP 187-201 is most of the deposition of Dr. Buscher. It regards the Plaintiff's general health, allergies status and the implications of the Plaintiff's residential history.

Doctors Buscher deposition was taken by the Defendant (CP 339-349) The Plaintiff allowed the Defendant's council to reach out directly to Dr. Buscher's office to make deposition arrangements. By misunderstanding, Dr. Buscher was expecting to be deposed by the Plaintiff's council until minutes before the deposition. He did not have an opportunity to make special preparations to testify in front of the Defendant.

Statement of the Case. The Respiratory Reaction, the Identity of the Mold Sample, and Allergies.

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On Feb 3rd, 2017, the Plaintiff handled the mold growing on the ceiling of apartment 50 and after undressing for bed had an anaphylactic shock reaction. Earlier in the day she had filed a work order with the defendant forbidding him from entering apartment 50 in her absence. (CP 383 Work Order.) On Feb. 7th the Plaintiff moved into a hotel room (CP 276, Hotel Room). When she left apartment 50 that day, the mold was on the ceiling.

On Feb 8th during her appointment with Dr. Feld the Plaintiff asked for a referral to an allergist. It is not possible to seek the attention of a specialist in Kaiser Permanente without first seeing an M.D. It is however allowed for one specialist to recommend a patient to another branch of specialty care. (CP 232, Allergies Recommendation). The Plaintiff scheduled an appointment with Dr. Butler, in the

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Kaiser Permanente allergies department, for Feb. 16, 2017, the earliest opportunity.

A couple of days after her Gastroenterology appointment (Feb. 10, 2017) the Plaintiff returned to the Defendant's property at 1900 Naval Ave to collect her belongings. The Plaintiff had already paid rent for the entire month of February. On Feb. 10, 2017, the Plaintiff discovered the Defendant had entered the apartment, in her absence, and cut out the area of the ceiling over which the mold had grown. The Plaintiff had already filed the work order forbidding him from entering to undertake repairs without her supervision. (CP 383, Feb. 3rd 2017, Work Order.) The sample of mold the Plaintiff collected on Feb 3rd had been sent out to a laboratory for identification. The Plaintiff still needed samples for skin allergies testing during her upcoming Feb. 16, 2017, appointment. Brief of Appellant, Plaintiff -33 2youtext1@gmail.com

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Meanwhile the Plaintiff had received partial results on the identity of the sample collected on Feb. 3rd. Richard L. Knights, Owner of Blue Sky testing labs reported the sample was predominantly Ulocladium, a type of mold requiring high moisture to thrive but there were other mold strains as well. (CP 270, 271, Blue Sky Report.) If the Plaintiff desired the identity of any other strains beyond Ulocladium it would cost an additional 350 dollars (Claim in Court Record.) The charge for Ulocladium was 80 dollars. The same sample of mold was sent to a different lab in 2019. The second report on the sample suggests Ulocladium may not have been the predominant type of mold present (CP 122, CP 124, Home Mold Lab report.)

In February 2017, between moving costs, rent on a place she could no longer live in (apartment 50), rents on hotels, rent and costs on a second residence, medical bills, and costs directly associated with the conditions on the Defendant's property, the

Plaintiff began bleeding money as well. She proceeded to her allergy's appointment with the information at hand. Ulocladium was the only strain of mold whose identity the Plaintiff could afford.

CP 161-163 is a Kaiser Permanente summary of the Plaintiff's appointment with the 1st allergist, Dr. Butler. CP 241-243 is a letter of apologies from Dr. Butler for erring in the line of inquiry. As Dr. Butler's summary indicates, the Plaintiff REPORTED there were unidentified mold strains in the sample. Dr. Butler made record of Ulocladium as "(the identified mold)" The Dr. Butler also noted the Plaintiff's scent upon entering the office, and her history of exposure to domestic violence. The Plaintiff developed a rash on her right shoulder and upper arm which she reported to Dr. Butler, but the allergist kept this detail out of his records. The Plaintiff reported the rash on her patient's questionnaire but Kaiser Permanente discards

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questionnaires with specific note they are not to be scanned into the system (CP 407-410 Questionnaire, Bottom of Page.)

A couple of days after Feb. 3rd, 2017, the Plaintiff wore the same shirt she had worn during the mold removal process. The Plaintiff had not washed it yet, a rash ensued on her right shoulder and arm. The rash was reported to nurse Ashenfelter Sandra M, an associate in Dr. Butler's office. Upon report, the nurse asked to inspect the Plaintiff's skin and documented her observations " Rash on R shoulder-- itchy and hurts--- dash may have been swollen or blisters" (CP 164, CP 165,Nurse comments..) During her appointment, Ms. Ashenfelter Sandra tested the Plaintiff for allergies using a standard laboratory allergen panel provided by Kaiser Permanente. The antigens were applied onto the patient's back. The results were negative.

On the other hand, Dr. Butler ordered an Ige test to

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determine whether the Plaintiff had antibodies to Ulocladium even though Ulocladium is not known to cause type 1 allergic reactions (anaphylactic shock.) As CP 161-163 indicates Dr. Butler knew there were other types of mold in the sample "Ulocladium (the identified mold.)" As his letter of apology illustrates, (CP 241-243, Dr. Butler Email.) Dr. Butler's focus on Uocladium as a source of allergies was a scientifically unwarranted line of investigation. The specialist ignored the unidentified strains present in the sample, and no skin tests for allergies using the Plaintiff's mold were done. However, as far as the Plaintiff knew, and by some computer glitch, the antibody test to Ulocladium came back non-negative.

At the end of 2017 the Plaintiff had a second allergies appointment with a different KP allergist Dr. Krouse. Mr. Burina Zlatco, a nurse in Dr. Kraus's office tested the Plaintiff for an allergic skin reaction to the mold sample collected by the

Plaintiff on the night of Feb. 3rd, 2017. Blue Sky testing had returned the Plaintiff's mold upon request and Mr. Zlatko applied extract from the sample onto the Plaintiff's wrist. On application, the nurse indicated he thought the skin was showing an allergic reaction (CP 43-46, CP 53, KP Subpoena to find Mr. Zlatko.) It was obvious to the Plaintiff the application of the extract from the Plaintiff's sample induced a different sensation from the controls. It was visible the skin had turned red at the application site, and it was still red a couple of hours later. Nonetheless, Dr. Krouse, diagnosed the Plaintiff as free from allergies. CP 407-410, are a few pages from the Plaintiff's exchanges with Dr. Krouse, CPare daily notes taken by the Plaintiff in 2018 (Daily Allergies Symptoms.) Last year the Plaintiff learned Dr. Krouse is no longer alive. The bottom of the patient questionnaire is indicative of some the statements the

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Plaintiff made throughout her interaction with Dr. Krouse. "A good psychological whipping for being a smoker" was reported to have been one of the treatments the Plaintiff received during her first allergies appointment.

Unlike Dr. Krouse, Mr. Burina Zlatko did not qualify the Plaintiff's reaction to the allergies test as either negative. CP 53 is a Subpoena the Plaintiff requested from the court to induce Kaiser Permanente to provide contact information for a now retired Mr. Zlatko.

Statement of the Case. Further Impact

Asides from the gastrointestinal, respiratory and other reported symptoms, the Plaintiff also experienced deep emotional changes. In her motion to amend complaint, the Plaintiff reports waking up in the morning feeling as if she had slept under an electron beam. CP 283 notes the impact of

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Gliotoxins on the brain. There is no prior history of bizarre emotional expression in the Plaintiff's records or experience, so the Plaintiff was inspired to research police records for patterns of EMOTION on the Defendant's property. CP 411, is a statistical analysis of police activity at 1900 Naval Ave. It reports a higher incidence of domestic violence and suicide related 911 calls at 1900 Naval Ave. than the comparison buildings. CP 403-404 "mouse trap" graphs the location of the individuals involved in suicidal/aggressive behaviors within the Defendant's building from 2006 to 2021. Thick lines mean, the person appears for the first time in records that year (Defendant's property.) The Plaintiff also found anecdotal reports of the same unusual health conditions she had experienced among other tenants in the building. CP 297, CP 307, CP 308, CP 311, are a few pages pertaining to a death in the Plaintiff's apartment ruled as an accidental overdose. The

report indicates the woman was suffering from GI bleeding and had allergies. One of the medications in her cabinet also treats muscle aches (reported by the plaintiff as well.) She is reported to have snored heavily that night. The Plaintiff knows from experience, and is corroborated by other reports on the property, that alcohol and one or more of the mycotoxins react with each other and affect the respiratory tract in the process.

ARGUMENT

STANDARD OF REVIEW: The Plaintiff respectfully requests a "**DE NOVO**" Standard of review on all facts, evidence, arguments, expert testimony and Applicable Law presented to the Court of Appeals.

Argument. The Vanishing Mold

In the Motion for Summary Judgement the Defendant acknowledges there had been a leak in apartment 50 around the

time indicated by the Plaintiff. He provides evidence repair arrangements were made prior to Friday Feb 3rd 2017 (CP383) and claims such repairs were executed on Feb. 3rd by means of a work order CP 383 Feb. 3rd Work Order. The Defendant states he has a video of the mold collection process by the Plaintiff using a sampling technique called "tape lift." The video shows the mold being handled after dark, and the Plaintiff's friend worked that day, and was not able to help her document it until after business hours. The video was offered for viewing to judge Kevin D. Hull during the Hearing on the Defendant's Motion for Summary Judgement.

The Plaintiff sustains the Defendant entered apartment 50 in her absence, CP 276, Hotel Receipt and without her consent sometime between Feb 7 and Feb 10 2017 and removed an irreplaceable good as well as potential damning evidence to the Defendant. The loss of opportunity to collect necessary mold

samples for allergies testing has caused the Plaintiff a five-year investment of time and money. She still works on trying to determine the identity of the strain having caused the allergic reaction. There are a lot of costs, pain and suffering to the Plaintiff caused by the mere fact the Defendant accessed her apartment in her absence removing a necessary tool to the Plaintiff.

Issue. 1

The Plaintiff suggests great costs, complications and hardships due to the mold having been removed in her absence. The parties do not agree when the mold was removed, and the evidence presented could be viewed by a rational fact finder in favor of the Plaintiff. Judge Kevin D., Hull should have not entered the Order in favor of the Defendant because the Brief of

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Defendant provided no proof the mold was fixed on February 3rd 2017 to settle the question. (Assignment of Error 1)

Moreover, the video of the collections process, offered twice for viewing to judge Kevin D Hull during the summary judgement (See Summary Judgement, Report of Proceeding) and potential testimony from the Plaintiff's friend, are sources of further evidence in support of the Plaintiff. There are witnesses to the argument between the Plaintiff and Mr. Dick Deck on Feb 10th, upon discovery of the missing mold that are erased from potentially testifying by the granting of the Defendant's motion. It is not possible for the nonmoving party to quote every possible proof or call every witness during a hearing for summary judgement. However, the video offered to Judge Kevin D., Hull is packed with information that undermine many of the Defendant's claims. According to Cr

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56f the court should have ordered the entry of further evidence and testimony by the Plaintiff if necessary.

Argument. Ulocladium v. the Content of Collected

Sample

An important claim made by the Defendant throughout the process is that Ulocladium is the ONLY type of mold present in the collected sample. This is a clear contradiction to statements in the laboratory analysis provided by Blue Sky "Ulocladium is the predominant mold" Moreover, the Home Mold Lab results agree Ulocladium is clearly NOT the only mold present in the sample while also suggesting it may NOT be the predominant mold. (CP 270, 271 Blue Sky Testing, v. CP 122, CP 124 Home Mold Lab.)

Issue. 2.

Did the Defendant have an obligation to provide evidence

that supports rather than contradicts his arguments regarding the identity of the collected sample of mold in order to grant his summary judgement against the Plaintiff? (Assignment of Error1.)

So far Defendants claimed the mold problem in the Plaintiff's unit had been tended to on February 3rd without any documentation or repairs. By contrast the Plaintiff had already introduced a copy of the work order dated Feb 3rd and informed the court the Defendant's claims were inaccurate. Moreover, she was in court during the Summary Judgment and offered to show a video of the collection process. Her computer in plain sight, the video is proof the mold was collected after dark. As for the Blue Sky and Home Mold Lab reports, they explicitly contradict the Defendants claim Ulocladium was the only type of mold present in the sample.

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Argument. The Plaintiff's Gastrointestinal Health

In his motion for summary judgement the Defendant argues the **"Plaintiffs own treating providers ruled out any medical issues relating to mold exposure."** The Defendant first claims the Plaintiff had a long history of medical issue like those reported after moving onto his property, that is "GI bleeding, weakness and dizziness" (Defendant's Motion for Summary Judgement.) In support he provides exhibits I an J, medical records dated October 2012, four years before the Plaintiff resided onto his property. Exhibits I and J are comprised of 3 pages, CP151, 153 and 154. The Defendant states the Plaintiff had been diagnosed with "perirectal abscess and hemorrhoid." By contrast CP 153 makes it clear that neither hemorrhoids nor blood are found under examination but the Plaintiff does have "a mild inflammation with abscess formation at the 2 a clock position," in other words an ingrown, infected hair. The

remainder of the exhibit is comprised of notes by Dr. Burrows according to his understanding of a conversation with the Plaintiff. There is no indication the plaintiff consented, denied or is even aware the notes exist. The Defendant seems to be alleging that talk of hemorrhoids four years before the Plaintiff resided on his property is the explanation for the health problems the Plaintiff had after moving to 1900 Naval Ave (the Defendants property.) The Defendant provides no evidence Dr. Burrows or anybody else ever diagnosed, treated or even observed one hemorrhoid on the Plaintiff in the 2012-2016 time frame OR any time before. Dr. Burrow does report a hemorrhoidal tag, that is a small piece of skin left by a past hemorrhoid. Exhibit J, CP 153-154 is dated 11.1.2012 and is a follow up visit for the same ingrown hair. Antibiotics were the only prescribed medication for this visit. This was the only treatment or medical problem the Plaintiff was ever diagnosed

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with any time before 2016. This is all the evidence introduced by the Defendant to support their claim that the Plaintiff had a long history of health problems like those reported while residing at Naval Ave.

Issue. 3:

Did the Defendant have an obligation to provide evidence that supports rather than undermine his arguments that the Plaintiff has a long history of health problems like those reported while residing at 1900 naval Ave" in order to grant his summary judgement against the Plaintiff? (Assignment of Error 1)

By contrast during the hearing the Plaintiff indicates there are about 50 pages of medical records before 2016 related to mostly yearly physical exams which the Plaintiff is paid a 500 dollar HRA stipend to attend. She states there is a fourfold

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increase in records since the end of 2016. This does not include hundreds of pages of email exchanges with Kaiser Permanente, or records kept with Dr. Buscher's office. The documents introduced in court records are but a pertinent, argument supportive fraction of the healthcare problems experienced by the Plaintiff after moving onto the Defendant's property. It is not feasible for the Plaintiff to introduce her entire medical records during a Motion for Summary Judgment. She is however more than happy to provided if the court deems it necessary. Moreover, The variety of medical conditions investigated by Dr Feld, colitis, eosinophilic esophagitis, etc. are proof an abundance of gastrointestinal symptoms beyond bleeding and dizziness. (CP 235 Lab Results Dr. Feld.) There was no time for the Plaintiff, during any court process other than a trial to address every symptom and condition induced onto her by her residency at 1900 Naval Ave (the Defendant's property.)

Issue 3. Standard of Review "De Novo."

Would a rational finder of fact lean towards the defendant's cause when comparing claims based on 3 pages of medical records about a misrepresented ingrown hair with the contents of medical records presented by the plaintiff? Would her claims of hundreds of relevant pages after moving onto the Defendant's property come to bear on the decision of the finder of fact?

(Assignment of Error 1.)

The Defendant's third argument is that Dr. Lomotan Ruled out the Plaintiff's gastrointestinal problems as a medical issue relating to mold exposure. The Defendant supports the entire claim with exhibit L (CP 75-76.) This is a record of medical notes taken by a regular M.D., not a Gastroenterologist after a brief (probably 3 minute) PHONE conversation with the Plaintiff. The Defendant does not introduce proof of any

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medical examination or lab tests for mold exposure. Hence this "diagnosis?" was executed by phone, rather quickly, and without a physical examination. According to the Defendant Dr. Lomotan that the Plaintiff's gastroenterological problems were not due to mold. This a complete misrepresentation of the note. However, the Defendant does quote Dr. Lomotan on occasion. "I told her it would be difficult to pinpoint her symptoms to the black mold especially since she is a smoker and GERD can be caused by Nicotine." The Defendant did not more than introduce a proven example of patient profiling. The Plaintiff's GERD was clearly not caused by Nicotine but an H. Pylori infection. The Plaintiff had no medical history of heartburn or GERD prior to 1900 Naval Ave, so she insisted on a second colonoscopy with her medical provider to determine the actual source of the problem. (CP 235 H. Pylori infection.) It is true that nearly every statement on Dr. Lomotan's note is

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designed to undermine the Plaintiff's "legal?" case, but her opinion is not based on a medical investigation or laboratory testing. She never took any action to determine whether the Plaintiff was being exposed to mold. The note is simple, documented prejudice.

On the other hand Dr. Buscher, not a member of Kaiser Permanente, ordered laboratory tests specifically designed to determine toxic mold exposure. The Plaintiff was positive for exposure to black mold, that is *Stachybotrys chartarum* among other things. The mycotoxins found in the Plaintiff's system were trichothecenes, produced by black mold (*Stachybotrys Chartarum*,) Gliotoxins produced by *Aspergillus* species, and Zeralenone, produced by *Fusarium* species. (CP 282-285) As the exhibit indicates cumulatively these toxins are known to induce all the symptoms experienced by the Plaintiff.

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Kaiser Permanente does not offer a mycotoxin (toxins produced by black mold) test. However, the Plaintiff's gastroenterologist ran tests for every imaginable disease that may cause the Plaintiff's symptoms. (CP 235, Dr. Feld Investigation) Other than the H. Pylori infection all tests were negative. As CP 283 indicates exposure to Gliotoxins is known to cause immune dysfunction disorders. Dr. Feld's investigation was a process of elimination that proves, alongside the Plaintiff's natural recovery (no RX), that the environmental conditions at 1900 Naval Ave are the only explanation left for her ensuing health problems.

On the other hand the court records CP 187 through 201, are testimony given by Dr. Buscher sustaining it's a rational deduction the Plaintiff had to be exposed to black mold on the

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Defendant's property to experience the given medical symptoms. Before the hearing for summary judgment but after the deadline for the Plaintiff response (which she had already filed) the Plaintiff provided a second response. In her response to the Defendant's response, she furnished an affidavit from Dr. Feld, the Plaintiff's Gastroenterologist, refuting hemorrhoids as a potential diagnosis for her health problems. At the beginning of the hearing, Judge Kevin D. Hull offered the decision of whether the note should be entered into court records to the Defendant.

So far, the Defendant presented the court with a hand full of pages of medical records about an ingrown infected hair, talk of hemorrhoids, and an inaccurate suggestion that a phone conversation with an M.D. eliminated mold as a potential explanation for the Plaintiff's Gastroenterological problems.

The Plaintiff presented the court with: 1. Serious

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gastroenterological problems ensuing only after her move onto the Defendant's property, 2. Conclusive proof of exposure to toxic mold known to cause precisely the health problems the Plaintiff began having on the Defendant's property, 3 Proof that toxicity is the only rational explanation for the Plaintiff's medical condition and 4. Expert testimony establishing a rational connection between the Plaintiff's symptoms, black mold and the Defendant's property..

Issue 4. Standard of review "De Novo"

The Defendant's motion should have not been granted because, in light of the evidence produced by both parties and the testimony on record by all experts, a finder of fact would easily decide in favor of the Plaintiff in regard to the Plaintiff's gastrointestinal health and its relationship to the Defendant's property. (Assignment of Error 1.)

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Argument. Allergies and Respiratory Reaction.

The Defendant argues the Plaintiff's claims of allergies and a type one allergic reaction was refuted by her medical providers. In support he provides exhibit M, (CP 161-163) Doctor Buttler's (allergist) post visit summary. The Plaintiff believes the allergies question could only be settled during a process such as the trial, where the medical professionals can be testify for a finding of fact. For now, exhibit M doctor Butler's post visit summary is juxtaposed to his letter of apologies for erring in the line of investigation. Moreover, notes by Ashenfelter Sandra, M., the nurse in doctor Butler's office also show that doctor Butler choice of evidence to include in his summary may have been biased. (CP 164, 165 Nurse Notes) The Plaintiff claims Doctor Butler omitted details of a skin

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reaction the Plaintiff reported, from his summary. His assistant, Ms. Ashenfelter Sandra, by contrast recorded the reported rash and her inspection of it. Skin reactions are associated with type 1 reactions (anaphylactic shock.) Mr. Burina Zlatko the nurse in the second allergist's office executed a skin test for allergies using the Plaintiffs mold sample. By the end of 2017 the sample was dead and significantly less likely to induce an allergic response. It however, provoked a reaction though not very severe. Mr. Zlatko stated he thought the Plaintiff's skin responded to the application. Despite his employer, doctor Kraus having diagnosed the Plaintiff as non-allergic, Mr. Zlatko summary does not corroborate a negative reaction. (CP 263) Mr. Zlatko Notes) The Plaintiff expects Mr. Zlatko to provide favorable testimony during trial. He is a critical witness, and the Plaintiff asked the court for a subpoena secure his contact information as he is currently retired. (CP 43-53, Subpoena) In

the absence of an identical sample of mold the only way to settle anaphylactic shock reaction claim is through a process of finding of fact. The second allergist is deceased, and the Plaintiff has included evidence such as her post visit questionnaire, notes on daily health symptoms to support her claims (CP 407-410Questionnaire.)

Regarding the anaphylactic shock reaction the Plaintiff sustains the documents she introduced into evidence, and the claims she makes against Kaiser Permanente create an issue of material fact that can only be decided during a trial. Potential witnesses have be allowed to testify as to this cause. Moreover, unlike the Kaiser Permanente doctors, the Plaintiff's current provider, also an allergist, diagnosed the Plaintiff with allergies based upon counseling and allergies testing. The Defendant's specialist never examined or met the Plaintiff. He introduces the same

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documents and claims introduced by the Defendant. The Plaintiff has refuted the Defendant's allegations with strong evidence, expert opinion, and argument true to content medical records.

Issue 5.

The Plaintiff claims that regarding her allergic reaction, the evidence she introduced into court records, the discrepancies between notes kept by the doctors and associated nurses, the Plaintiff's complaints on record about her medical providers, as well as testimony from her medical experts there is a genuine issue of finding of material fact that can only be determined during a trial. (Assignment of Error No.1)

The Plaintiff claims that the defendant's expert has not based his opinion on medical evidence and has issued diagnosis in the absence of a physical medical investigation. The defendant's

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expert has also provided opinions for claims and topics that require specialty care for which he is not qualified, and which is not supported by information in the plaintiff's medical files.

The Plaintiff has demonstrated in her argument there are real issues of material fact in this civil action that can only be determined during a trial. Truth and evidence lean heavily towards the plaintiff's cause. The defendant has been shown to have been negligent time and again by the chain of evidence and events. His attitudes towards mold and the safety of his tenants was demonstrated time and again. The Defendant himself offers inherent proof of his negligent attitudes. He had a moral and legal obligation to understand the conditions on his property. When the Plaintiff reported a discovery of usual mold growth, due diligence would have dictated the Defendant himself run laboratory tests including air tests to ensure the Plaintiff's safety as well as the safety of all the other future

residents. The Defendant has introduced no evidence he lived up to his responsibilities of due diligence. It was the Defendant's job not the Plaintiffs job to know what kind of mold the Defendant had on his property, or to engage in its cleanup. By contrast the Defendant suggests in his mold addendum, CP 273, the tenant must notify the landlord in case of and after "mold growth in or on the list premises that persists after resident has tried several times to remove it with household cleaning solutions such as lysol or pine-sol disinfectants, tilex mildew remover, or Clorox or a combination of water and bleach" Whether the Plaintiff had to handle it in order to document to vacate the property, or whether she would have had to handle it to live up to expectations in his mold addendum the end result would have always been the same. the defendant created had conditions on his property and displayed attitudes that caused the Plaintiff many great losses and might

have killed her. The darkest thing is there are roughly 70 units at 1900 Naval Ave. In her response to the Defendant's response the Plaintiff made clear the potential hazard to any past, present or future tenants. If nothing else, will the court ignore them again, and endorse that potential illusion the building is know to be safe.

CONCLUSION

The Plaintiff Pro Se, Melanie Ram, based upon presented evidence, argument and expert testimony, requests the Court of Appeals to Rescind the Dec. 6th 2021 Order Granting the Defendant's motion for Summary Judgement and return the case to the Superior Court for trail, or discovery and trial as the Court of Appeals may deem appropriate. The Plaintiff asks the Court of Appeals to order the Defendant to reimburse the Plaintiff for any incurred costs associated with the Filing the Appeal, Process Service, Designation of Clerk's Papers,

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Supplemental Designation of Clerks papers and Cost of Copies to be filed with the Superior Court and Court of Appeals in the Appeals process. If necessary, the Plaintiff ask's the court of appeals to order the admission into records of any evidence the court finds imperative to support the Plaintiff's case against Superior Court's Order of Dec. 6th 2021 thus granting the Plaintiff utmost opportunity to make her case in accordance with all applicable stipulations of CR 56. The Plaintiff could supply such evidence as: 1. Video of the mold removal process, 2. Public record of a long history of leaks on the Defendant's property, 3. Affidavits form Dr. Feld the Plaintiff's gastroenterologist already offered to the Superior Court, Any Further Affidavits necessary from Dr. Buscher the Plaintiff's current Allergist and Environmental medicine provider, 4.

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Further police Records corroborating that other tenants at 1900 Naval Ave experienced the same unusual medical symptoms reported by the Plaintiff, 5. Any other documentation the Court of Appeals finds necessary.

Appendix

CP. 41. SCHEDULING AND CUTOFF DATES

CP. 99. January 19, 2017 notice of leak

CP. 101. Feb 2nd Repair Communication

CP. 105 Witness to the Mold Collections Process

CP. 119 Exhibit F. ()

CP. 122, 124 Home Mold Laboratory

CP. 150-154 Infected Ingrown Hair Medical records

CP. 159 Dr. Lomotan's Note

CP. 161-163 Dr. Butler's Post Visit Summary

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CP. 164, 165 Ashenfelter Sandra Allergy notes (Nurse in Dr. Butler's Office.)

CP 187-201 DEPOSITION OF DR. BUSCHER

CP 226-229 Heartburn Medication Recommended in 2016

CP 230 Recommendation to GI. Specialist, 2016

CP.231 Gastroenterology, 1st visit

CP. 232 First Colonoscopy.

CP. 234 Results of Colonoscopy

CP. 235 Results of second Colonoscopy

CP. 237., CP 238 Dr. Rowland, antifungals and antibiotic prescriptions.

CP 239. More bacterial and yeast infections.

CP 241-243. Dr. Butler Apology.

CP. 259 DR. TUCKER

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CP. 263 Mr. Burina Zlatko, Note, Allergies Nurse.

CP. 273 The Landlord's Mold Addendum.

CP.276 Hotel Room, Dated Feb. 07.2017

CP 282-285 Plaintiff's Mycotoxin Concentration

CP. 286 Apt. 122 Picture

CP.288 CP 289 CP 297 CP 307 CP 308 CP 311

DECEASED

CP 322-324 Air test on residence v.

CP 383 WORK ORDER dated 02.03.2017

CP 385-387 More Picture from 122

CP 403-406 Mouse Pictogram. Spatial, Temporal Arrangement
of Aggression/Depression related 911 Calls.

CP 407-410 My Questionnaire. Second Allergies Appointment.

CP 411 Police Statistics

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This Document contains 9, 392 words, including the parts of
the document exempted from the word count.

Date: 03-30-2021

Respectfully submitted *by* :

 Melanie Ram

Melanie Ram,

Plaintiff Pro Se/Appellant

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STATE OF WASHINGTON

BY MR
DEPUTY

CERTIFICATE OF SERVICE

I declare under penalty of perjury of the laws of the State of Washington
that on the date below a copy of the foregoing document: Appellant's Brief
and Record of Proceedings and Appendix was Forwarded for service
upon council on record as follows:

Council for Port Washington LLC:

By email: X

FAIN ANDERSON VANDERHOEFF

By regular mail: On Request

ROSENDAHL O'HALLORAN SPILLANE, PLLC

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By Email on date ~~2/1/2022~~

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3:30:2022

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Mr. Michael Graham, a process server was retained for rush
in person service on 3/30.2022 or 3/31/2022 as possible.

Signed at UNIVERSITY PLACE, WA This 30th Day of March 2022

By Plaintiff Pro Se, Melanie Ram

Appellant's Brief, Transcript's and Appendix , Certificate of Service

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IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KITSAP

| | | |
|------------------|---|------------------------------|
| MELANIE RAM, |) | |
| |) | |
| Appellant, |) | Cause # 20-2-00653-18 KITSAP |
| |) | |
| Versus |) | COA: # 565838 Div. II |
| |) | |
| PORT WASHINGTON, |) | MOTION FOR SUMMARY JUDGMENT |
| |) | |
| Respondent. |) | |
| |) | |
| |) | |

Official record of proceedings
Held before the Honorable
Judge Kevin D. Hull
On December 3, 2021
In Kitsap County, Washington

Transcript prepared by:

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APPEARANCES

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AUDIO BEGINS - 1:45:40

* * * * *

JUDGE HULL: Okay, Mr. Wogenstahl, Ms. Ram. Ms. Ram, if you want to come forward and have a seat at counsel table here, thanks.

MR. WOGENSTAHL: Good afternoon, Your Honor.

JUDGE HULL: Hello. This is Cause #22-0-06532-18. Let's take a moment, let Ms. Ram come forward to counsel table.

MS. RAM: Here, Your Honor?

JUDGE HULL: I'm sorry?

MS. RAM: Here?

JUDGE HULL: Yes, yes, have a seat there, that's fine.

Again, 22-0-0653-18. Melanie Ram is present as Plaintiff. And Port Washington LLC is the defendant. Mr. Wogenstahl is present in that regard.

Port Washington LLC has filed a Motion for Summary Judgment which I've read. I've also read the reply to that to Ms. Ram's response.

I think, just to be clear, Ms. Ram did file a response. And then the Court received, I think it may have been on Wednesday. The Court received a supplemental, or second response by Ms. Ram.

Mr. Wolgenstahl, did you get that?

MR. WOLGENSTAHL: Your Honor, I did not see that,

1 receive that. I'm not aware of a second response.

2 MS. RAM: They're the same, you (inaudible) by emails.

3 JUDGE HULL: Ms. Ram, I need you to speak up. Did you
4 provide this to Mr. Wolgenstahl?

5 MS. RAM: Yes, Your Honor.

6 JUDGE HULL: When was that?

7 MS. RAM: This (inaudible) and actually before I send,
8 before I actually submitted it to the Court, I believe
9 (inaudible).

10 JUDGE HULL: I'm not sure, I'm not sure I can consider
11 it since the response was due on November 22nd. I'm not
12 sure I can consider a second response.

13 But I guess, Mr. Wolgenstahl, you don't have any
14 knowledge of that, of that document?

15 MR. WOLGENSTAHL: No, Your Honor, I'm not seeing it
16 right now. I guess it's possible I have missed it
17 somewhere, but I have not seen it.

18 MS. RAM: Well, Your Honor, you have my mention,
19 actually I received, and also an automatic replay, reply
20 from Mr. Woldgenstahl's office. One of his staff was
21 actually on vacation. And when that happened, I sent
22 actually my, all my documents to several different
23 emails. MNot just Mr. Wolgendahl's. And that person's
24 reply came back "I'm on vacation".

25 So but, it wasn't just that person that it was sent

1 to. It was sent to Mr. Wolgendahl. And he said he's
2 been gone. And Mr., etc, and you can see that, I believe
3 Mr. Wolgendahl (inaudible) as well.

4 JUDGE HULL: Well, except the reply. I guess what I'm
5 saying though is that, is that I think the reply was
6 filed on, let me double check, November 29th. So the
7 defendant's reply was filed on the 29th.

8 And then after that, it looks like you filed on the
9 first a second response. And I guess what I'm getting at
10 is I don't know that I can consider this because it
11 wasn't timely filed. Your response was due, I think, on
12 November 22nd. And you did file a response.

13 But, I don't know that I can consider a second
14 response after receiving defendant's reply unless they
15 don't object. And I'm not sure Mr. Wolgenstahl would be
16 in a position to agree or not if he hasn't seen the
17 document.

18 MS. RAM: I also sent it to another, sent a
19 supplemental email that I have, that I sent to myself, so
20 I'll see if I can actually be sent (inaudible).

21 JUDGE HULL: Well, I mean, I believe, I believe you
22 when you say you sent his office this document. You
23 emailed it to him. I mean, I'm not going to just, I
24 don't, I believe you that you did.

25 I just don't know that I can consider it if it wasn't

1 provided by the response date of November 22nd.

2 MS. RAM: Um, Okay, Your Honor, I don't think it's
3 going to make that much of a difference to begin with, to
4 be honest, because we have a lot of other evidence
5 anyway.

6 But one point I would like to make is, my doctor
7 happened to be on vacation. And you know, I got
8 something from him as soon as I could. So um, that's
9 part of the reason that, you know, I figured that I'd,
10 you know, supplement it just in case.

11 But I think we actually have plenty of documents and
12 kevidence here to support my case.

13 JUDGE HULL: Are you asking then, Ms. Ram, that we go
14 ahead and proceed on the motion today, and the Court not
15 consider this, this response you filed on the first?

16 MS. RAM: I'm sorry, was that a question addressed to
17 me?

18 JUDGE HULL: Yeah, are you suggesting that, are you
19 comfortable that we go ahead and I not consider this
20 response you filed on the first?

21 MS. RAM: Well, Your Honor, to be honest, I prefer you
22 consider it, but it's the (inaudible) and, but I will
23 leave it up to the Court, to be honest with you. I think
24 I should be fine either way.

25 JUDGE HULL: Mr. Wogenstahl, I guess you've heard.

1 Again, I've got a, you may not have seen it. I can, I
2 mean, if you want, Mr. Wogenstahl, I can email this to
3 you and you can look at it. It's a 4, or 3 or 4 page
4 document, you know.

5 How do you want to proceed?

6 MR. WOGENSTAHL: Your Honor, I think, in general like
7 you said with the timing. We would object to the late
8 filing. There hasn't been any new discovery from Ms. Ram
9 to our knowledge where any additional evidence was
10 gathered by her by her response deadline. And I guess
11 the supplemental response that she filed. So I'm not
12 sure what would be exceeded not as far as information was
13 filed or is no response.

14 JUDGE HULL: Okay, well so Ms. Ram. I guess you
15 provided this after, after the defendant had properly I
16 think and timely replied. Your, so, your response was
17 due November 22nd. You did provide a response.

18 This second response is untimely. And Mr. Wogenstahl
19 is understandably, because he hasn't reviewed it or seen
20 it. Indicating that he's not wanting me to consider it
21 as well.

22 And so I'm not, I'm not going to be considering that
23 late response, okay? But I will consider the other
24 response you filed that was done timely. Okay?

25 MS. RAM: All right, Your Honor, it's all right.

1 JUDGE HULL: All right, okay, so with that in mind,
2 what I'm going to do is give each side 15 minutes.

3 Mr. Wogenstahl, you'll go first because it's your
4 motion. If you want to, you don't need to take all that
5 time if you don't want to. And if, but if you do, that's
6 fine. And if you want to reserve time for rebuttal, you
7 can do that as well. So if you want to take 10 minutes
8 to argue and reserve 5 minutes for rebuttal or reply,
9 then you can do that. But both sides get 15 minutes.
10 Okay?

11 MR. WOGENSTAHL: Yes, Your Honor, understood.

12 JUDGE HULL: What would you like me to know? I'll
13 hear from you first, Mr. Wogenstahl.

14 MR. WOGENSTAHL: Yeah, I'll do 10 minutes and I'll
15 reserve 5.

16 JUDGE HULL: Okay.

17 MR. WOGENSTAHL: Thank you. Your Honor, may it please
18 the Court? I'm here today on defendant Port Washington's
19 Motion for Summary Judgment of the claims that have been
20 filed against the, by Ms. Ram against Port Washington.

21 As you saw from our briefing papers, Ms. Ram was a
22 resident of the Port Washington apartments for about a
23 year-and-a-half, 2016 to 2017. She moved from one
24 apartment to another several times. Eventually ending up
25 at what would be a top four apartment. It's a three

1 story building located out of a Port Orchard area in
2 Bremerton.

3 And after Ms. Ram had lived in this apartment for 7 or
4 8 months, she discovered a leak from a skylight; reported
5 to our client. And our client began taking measures to
6 replace it or make repairs.

7 And during, it seems like it was about a week from the
8 time it was reported to, Ms. Ram identified a small
9 amount of mold growth, probably less than 6 inches square
10 on the ceiling.

11 Our understanding, she seems to have become concerned
12 about this mold. She took a sample herself that she had
13 provided us a video of through discovery, where she took
14 a tape lift through a kit that she had purchased on line.
15 Mailed it out to the testing. It came back within a
16 couple of days of the type "ulocladium" mold. And that
17 was the only mold that was identified in that test.

18 Ms. Ram was concerned about the mold. It seems that
19 she decided from the principle to move out. Our client
20 allowed her to move out; break her lease with no
21 repercussions, no fines, no retained deposit. And she
22 was allowed to break her lease and leave the property due
23 to her concerns.

24 It should be noted during this time and prior to even
25 living at the Port Washington apartments, Ms. Ram had a

1 number of medical issues including gastrointestinal
2 bleeding, respiratory issues that she received treatment
3 for that now attempts to attribute these symptoms and
4 conditions to exposure to mold she says she was exposed
5 to at the Port Washington apartment.

6 My understanding is, Ms. Ram had the sample that she
7 had tested originally. She obtained it again and had a
8 second testing company perform additional tests on it
9 with the results were the same.

10 And I mention that as far as ulocladium because
11 ulocladium is the only type of mold that Ms. Ram has
12 identified as being present in her apartment when she
13 lived there. And the presence of mold was, lasts for
14 about a week between the time she identified it and the
15 time she moved out.

16 As far as ulocladium, we provided a declaration from
17 Dr. Paul Garvey an Environmental and Occupational Health
18 Expert. He specifically referenced, discusses ulocladium
19 as very common type of mold out here. It's no -- Most
20 molds are not harmful. And this is one of those. It
21 basically has no negative health effects. It's the only
22 one that she came in contact with.

23 And so that's the basis of our motion, sort of the
24 facts and getting it up to speed.

25 Ms. Ram has alleged claims for negligence relating to

1 the conditions of her property, this apartment she was
2 renting from Port Washington.

3 And as Your Honor is aware, the elements of the
4 negligence claim are to be a great harm and causation.
5 And our motion, we assumed we addressed the causation
6 element; that Ms. Ram would be required to meet a burden
7 of proof on at trial.

8 Ms. Ram has made quite a few claims about medical
9 issues; and she has linked them all to this week long
10 mold exposure at Port Washington. But it's not supported
11 by any evidence she's presented. It's not supported by
12 her medical records. Not supported by her medical
13 providers that she was seeing at the time.

14 And even now, there's no evidence that causally
15 connects this mold to any harm, medical condition,
16 damages that Ms. Ram is trying to allege in this case.
17 There simply is no link.

18 If you look through Ms. Ram's medical records, the
19 excerpt we provided in support of our motion. She saw a
20 physician, she was seeing a physician prior to moving out
21 of the apartment right around the time she would have
22 identified this mold.

23 That was Dr. Christine Lomotan. And Dr. Lomotan said
24 there was no way to link this to black mold. Which we
25 know black mold, for Your Honor's information, is

1 stochybotrus type of mold. It's not ulocladium. It's a
2 completely different form and variety of mold.

3 But, Dr. Lomotan said there was no way to link it.
4 And she identified other conditions that Ms. Ram had been
5 diagnosed with that were the direct, direct cause of the
6 symptomology she was complaining of.

7 And I'd also note that Dr. Lomotan specifically
8 advised Ms. Ram not to touch the mold less than three
9 days before Ms. Ram took a sample of this mold from her
10 ceiling.

11 After Ms. Ram moved out she saw two different medical
12 providers specifically seeking allergy testing. One was
13 Dr. William Butler. And he in his notes specifically
14 noted that all allergy tests that he provided to Ms. Ram
15 were negative. So she did not have a reaction to mold.

16 It also, he also doubted that she'd ever had a type
17 one allergic reaction as she has alleged in this case
18 where there's no evidence supporting that element in Ms.
19 Ram's claim.

20 Dr. Butler even had additional testing done as we
21 talked about. And it confirmed no allergies to
22 ulocladium. And overall, he attributed it "other
23 environmental factors and Ms. Ram's own habits including
24 smoking as being the cause of her, her symptoms she's
25 trying to attribute to this mold."

1 More recently Ms. Ram has sought out the treatment of
2 a Dr. Butler. We included information and we've also
3 taken his deposition testimony. Dr. Butler confirmed in
4 his deposition that he cannot identify any sort of --
5 He could not causally link ulocladium to any of Ms. Ram's
6 diagnosed conditions, even what he's diagnosed now.
7 There is no way to link to the four years between the
8 time she left Port Washington and had any of the testing
9 that Dr. Butler has ordered done.

10 There's no way to link her current symptomology to the
11 mold because even Dr. Butler testified that he's not
12 familiar with ulocladium. It's not on the typical panel
13 of molds that they test for that cause harm to people.

14 I also note that Dr. Butler encouraged Ms. Ram to do
15 some testing. She did environmental testing of her
16 current residence. And it did come back with the
17 results. And that is much more likely explanation for
18 someone with symptomology that she's trying to allege
19 have.

20 Your Honor, I did include in our brief, just for your
21 information. To the extent that Ms. Ram is making a
22 Habitability Claim, Awards with Habitability Claim for
23 the Port Washington Apartments. Like I mentioned, she
24 was present less than a week after the mold was
25 discovered. Our client took more than reasonable steps

1 to remove the sheetrock, replace it; repair the light.
2 And like I said, they also let her out of her lease. And
3 there was no adverse action taken against her.

4 So in conclusion, there's basically no evidence that
5 Ms. Ram has provided that the mold in her apartment Unit
6 #50 of Port Washington Apartments, is in any way causally
7 linked to any of the medical claims she's made. It's not
8 causally linked to any damage or harm to her property
9 that she had chosen to get rid of.

10 And there's simply no evidence for her to meet her
11 burden of proof on Negligence. And for this reason we
12 ask that her claims be dismissed with prejudice.

13 JUDGE HULL: Okay, thank you. That was approximately
14 8 minutes so you do have some additional time if you want
15 to use it later.

16 Ms. Ram, the floor is yours for 15 minutes. What
17 would you like me to know in response?

18 MS. RAM: Your Honor, so yeah, there actually I won't
19 give a response after his second response like his second
20 (inaudible).

21 JUDGE HULL: No, it goes, he gets, he goes first, then
22 you go second, then he goes third and that's it.

23 MS. RAM: All right, Your Honor. So first of all my
24 understanding is we're actually not at trial now, so this
25 is a Motion to Dismiss and the burden of proof actually

1 rests with the defendant, not myself, actually.

2 One thing I want to clarify to make sure that the
3 Court understands me. This is not about ulocladium.

4 JUDGE HULL: It's not about what?

5 MS. RAM: This is not about ulocladium.

6 JUDGE HULL: Okay, yep, I got you.

7 MS. RAM: This is asking the Court for (inaudible). I
8 have no claims about ulocladium mold.

9 It's just about the two weeks exposure. This is about
10 an overwhelming amount of evidence supporting the fact
11 that I was actually a resident in a toxic building.

12 Now, they say that mold grows, the mold, the mold
13 showed up about 5 days on the ceiling in a small spot.
14 Five days about after it got flooded. But that kind of
15 mold growth, and I've actually brought the video with me
16 if Your Honor would like to watch it. The growth, the
17 severe growth in that spot that got wet which indicated
18 that the building was heavily spoilulating.

19 And my Toxicology Report indicates that there was
20 toxins in the building that were produced.

21 So I think that the toxic of ulocladium is just
22 distracting the mold. But to get back to ulocladium as
23 introduced to the Court, Exhibit #3, Exhibit #5. Exhibit
24 #5 is actually from Blue Sky Testing who analyzed the
25 sample of mold that I received from the ceiling.

1 And he said "Ulocladium was the dominant type. This
2 is the first one of two tests. This individual charged
3 me \$80 to tell me that it was mold. "Sounds of one to be
4 one strain of mold." And he tried to charge me \$350 at
5 least if I wanted to know what other types of mold were
6 in there. And that's going to come out at trial.

7 Now we are, I had the sample reanalyzed years later.
8 It was not ideal because it was handled. And these, the
9 second laboratory report which was I believe submitted
10 into evidence by the defendant, also indicates that
11 ulocladium was not the only type of mold in there. It
12 was microspores, but they don't really know what exactly
13 those are.

14 So that sample of mold was definitely, by the behavior
15 of the first business that handled it and their
16 statement, more than just ulocladium.

17 All right, so again, it's not about the 2 weeks long
18 exposure. It's about moving on to that property, and my
19 health changes is extremely.

20 And then months after I make appointment to the
21 gastroenterology, and with my, with Dr. Lomotan, I
22 actually discovered the mold.

23 Dr. Lomotan -- It is erroneous for Mr. Wolkendahl to
24 say that Dr. Lomotan attributed my symptoms to other
25 causes.

1 First of all, he was not discussing much respiratory
2 symptoms with Dr. Lomotan during our interview. And
3 during our appointment. And she actually made a referral
4 to Gastroenterologist. And she herself did not point to
5 him only. It's a problem of my building, my bleeding,
6 that's why she referred me to a Gastroenterologist.

7 The Gastroenterologist actually did a very thorough
8 investigation to look for other medical conditions that
9 would, that would explain my symptoms. And all of those
10 tests actually came back negative. So we know that I do
11 not have, one, I do not have preexisting prior condition
12 that actually, that actually explains my health after
13 moving to 1900 Naval Avenue.

14 And I have introduced into evidence to this Court,
15 some pages from the investigation with Dr. Kraus, which
16 was my Gastroenterologist, and would, I believe, yes. It
17 was actually Exhibit #1, the pages introducing Exhibit
18 #1, an actual statements from Dr. Lomotan's office and
19 from my Gastroenterology investigation.

20 They are not, dismissing hemorrhoids. My doctor and
21 the gastroenterologist dismissed hemorrhoids along with
22 all the other medical conditions that might cause
23 symptoms like I had.

24 All right, so and Dr. Butler, Exhibit. I have a
25 letter of apology. Exhibit #2 is actually a medical

1 prescription that was written for me in April of this
2 year by, for some infection that I had come up with. By
3 Dr. Ronan. And he is actually prescribing antifungal
4 medication.

5 So even though he did not. I asked him to do a
6 specific test for fungus, he did not do it. And I got
7 upset with him about that. And it took me months to
8 figure out, weeks to figure out that he had not done it.
9 He still prescribed automatically antifungal medication.

10 And in Exhibit #2, also what we have is Dr. Roland
11 prescribing antifungal medication, as well as I believe,
12 infection medication. And Dr. Butler apologizing to me
13 for the way he actually conducted his investigation when
14 I showed up to his office years before.

15 So Dr. Butler is out of the picture, basically. And
16 we have doctors that are prescribing medication for this.
17 Dr. Lomotan did not diagnose it as hemorrhoids and she
18 referred me to a gastroenterologist who proved it was not
19 hemorrhoids.

20 My health file is maybe about 50 pages, my entire life
21 before moving into that building. It is actually
22 hundreds of pages now. And this year I got lucky kind
23 of, I kind of realized that what I was doing was not an
24 absence of resources in Kaiser Permanente, but active
25 resistance. This is a matter of corporate non policy

1 policy to undermine victims of toxic mold exposure,
2 because this process is my only recourse to justice.

3 I would have been happy with a criminal investigation
4 to find that mold and prove that I had an allergic
5 reaction. This way, I have no option but to be in this
6 courthouse.

7 And they, what, well I'm going to drop that topic for
8 now.

9 Anyway, I'm happy to have the response to his
10 response, okay.

11 So the mold was discovered on January 24th. That's
12 not the mold that made me sick. The spores or whatever
13 shows up, the spores or sporulation, whatever it was.
14 That one is, that one put the spores there for them to
15 show up when the conditions, the right conditions were
16 created.

17 Now I've begged them between January 24th and February
18 1st to come in and remove it. And I was promised that
19 somebody would come and take care of it.

20 On February 1st I was told again, well finally I was
21 promised. But every other day I would go in, and between
22 that point and that point they would say "No, we're not
23 going to deal with this until, until, until the rain
24 stops."

25 Then finally on February 3rd I realized that these

1 guys were relaxed. That they had a problem in that
2 building; that they knew it was a problem. But it was
3 not, they knew it was not going to be a problem for them.
4 And that's what I was dealing with over this wasn't an
5 accidental skylight leak that nobody knew about. But it
6 was specific dismissals of the growth and conditions in
7 that building.

8 So when the promised person failed to show up on
9 February 3rd, I gave them a work order. Gave them work
10 order finally, and I told them to don't go in there.
11 Don't do anything without my knowledge or my presence. I
12 want to see how this is fixed.

13 And at that point I realized that I had to document
14 that I had a mold problem; and I had to consider getting
15 out of here based upon this attitude.

16 They actually broke, after February 3rd, what is
17 breaking and entering. You entered into my apartment. I
18 told you don't go in there; don't do anything to the mold
19 without me.

20 And they took the, the mold off the ceiling in my
21 absence, and against my will. And that is one of the
22 reasons we're actually, you know, actually seeing. I'm
23 chasing that reaction that I had to that that night
24 because I had to document that they had bad conditions in
25 there. That's why I had to touch it, because they hadn't

1 come to show up to fix for 11 days. And finally they
2 did.

3 So they caught me touching it.

4 And that's a, let's see, that's whole time. I had no
5 idea I had allergies . I had capacity for damage as well
6 as been toxic. (Inaudible) lawyer, a web lawyer could
7 now get a (inaudible) done. I'm seeking advice on how to
8 get out of here.

9 The lawyer tells me to touch it. The mold specialist
10 tells me to touch it. The manager at 1900 Naval Avenue
11 indicated that he could actually prove allergy. And you
12 just take the sample.

13 So while, and I don't think I really actually have
14 allergies. But I have do document these. And I'm going
15 to collect a sample just to be sure, you know, that
16 what's just to be sure for the sake of showing it. But I
17 was not expecting to die from an allergic reaction. That
18 was a shock.

19 All right, so the allergic reaction actually happened.
20 I have the videos. I can show the videos to the Court.
21 Inspecting my shirt when I got undressed. I did not
22 breathe when I was removing the mold. I did not spend a
23 whole lot of time under it.

24 I got, I got stuck in my clothes, and I, and that's
25 when there is the inhalation, the serious inhalation of

1 whatever fell on me must have happened. And the
2 reaction, the allergic reaction was a few minutes after
3 that.

4 But I so, I -- How many minutes do we have left here?
5 Two minutes?

6 JUDGE HULL: You've got about, we'll call it four
7 minutes.

8 MS. RAM: Okay, all right. So too late to relate all
9 that. I don't know if I'm actually missing any points
10 here. Um, that's Dr. Krauss, the second allergist. I
11 have used an exhibit that actually proves that, that
12 supports my, my claim that there are allergy test
13 reactions that was done by the second allergist many,
14 many months later. It wasn't done by the doctor, it was
15 done by the nurse.

16 The nurse does not qualify it as negative. And they
17 should be qualifying these things as negative or
18 positive.

19 This first reaction was, oh, oh, it looks like there
20 is a reaction when he tried the mold on my wrist, and I'm
21 actually trying to, to track down that person.

22 But I have his medical notes, and he is the person
23 that did the test; he does not say that it was negative.
24 And he should be qualified to (inaudible).

25 So after the reaction he observed on my hand, he did

1 not, I expected he could not in good conscience actually
2 say that. That nurse actually did not have a whole lot
3 of information about the sample of mold. The sample of
4 mold was dead. Because it had been in a plastic envelope
5 on a piece of tape for months without water.

6 So, and the doctor just led me to expect the same
7 reaction from a dead sample of mold as he, as I would
8 from a live sample of mold.

9 So I'm still looking for the other documentation too.
10 Actually, I have introduced a lot of interactions between
11 myself and the other allergists. Particularly Dr.
12 Krauss.

13 It's been an excruciating experience dealing with
14 Kaiser Permanente and allergies at the apartment, but
15 we're still in discovery. And it's still in process.
16 And I might just find that chunk of mold I've been
17 looking for for so many years.

18 So the conditions that the defendant keep at the
19 property resulted in me actually getting sick, and
20 resulted in me spending years after getting sick just
21 trying to prove that allergic reaction. And waiting to
22 hear and stuck in this process after all that. If it is
23 the condition, and it's none of this.

24 If, oh, and I would remind the Court that I actually
25 have submitted to the Court proof that I have, still have

1 myco toxic mold, toxins in my blood this summer when I
2 finally found an allergist that was willing to
3 investigate.

4 And that between the two bodily fluids tests we
5 actually evidence that one of them was for research only
6 that the toxic concentration in my blood was naturally
7 declining over time. Because I, I take a sample two
8 years earlier, and I had that sample ran also. And the
9 toxin found, the myco toxin concentration in that sample
10 from two years before is actually higher than the one
11 that was found in my blood this summer.

12 So in my body from this summer. So it did dissipate
13 over time. I did take toxins with me out of there
14 several years ago. And my health records. And the
15 improvement in my health actually I might have actually
16 support that. And the lab test, the urine lab test
17 proved that the toxic concentration did naturally go down
18 over time.

19 Also I live in a very new building. And I ran air
20 tests which was submitted to the defense. They wrote
21 that I did not run mold tests. But they were ran, and
22 they were submitted to their office.

23 Your Honor, the defendant actually basing their
24 argument on actually not paying attention to the, to the,
25 they're not taking it seriously. And they're making

1 false statements based on, I don't know where they're
2 getting their information. Because they have evidence.
3 They have evidence that I did sample the air in my
4 current apartment and it doesn't have toxic mold. It's
5 not coming from there.

6 Yet they said that I had not sampled the air in the,
7 in their saying.

8 Anyway, they need to provide serious evidence that I
9 was seriously ill before I moved (inaudible) 1900 Naval
10 Avenue because they're making that claim.

11 I will provide it. I have provided a lot of evidence
12 that I got seriously ill after moving at 1900 Naval
13 Avenue. So we're talking hundreds of pages post after
14 moving in there; versus roughly 50 pages for many, many
15 years before moving in there.

16 And those 60 pages are actually mostly regular
17 checkups. Because I got \$500 a year every year just to
18 show up to the doctor.

19 JUDGE HULL: Your time's up, ma'am.

20 MS. RAM: Okay.

21 JUDGE HULL: Okay? Thank you.

22 MS. RAM: Thank you.

23 JUDGE HULL: Mr. Wogenstahl, you have some additional
24 time if you'd like to use it to reply, if you like.

25 MR. WOGENSTAHL: Yes, Your Honor, thank you. I know

1 there was a lot to unpack from Ms. Ram's arguments.

2 The simplest way to look at it is, Ms. Ram, although
3 she is saying that we haven't produced evidence, she
4 bears the burden of proving the claim that she's making
5 in her lawsuit.

6 Her claims are that a condition that existed and that
7 she tested in her own apartment caused her medical harm
8 now. But the evidence has not showed that; and she has
9 not produced any evidence that can show that causal
10 connection. And therefore, her claim must fail.

11 She talks about toxins being in the building where she
12 used to, at Port Washington Apartments. And she's gone a
13 long chase of police records to try to find evidence of
14 that, not even exactly related.

15 But there's no evidence of a toxic issue in this
16 building. That's complete conjecture by Ms. Ram.

17 As is most basically all of her other arguments.
18 They're all speculative; they're all conclusory in
19 nature. She talks about how she could have tested the
20 sample more but did not.

21 But what we know from the sample is that the only type
22 of mold that was identified was ulocladium. She does not
23 have an allergy to ulocladium. Ulocladium did not cause
24 any of the illnesses she had.

25 If you look at her exhibits there's no mention of any

1 diagnosis in her medical records relating to any exposure
2 from mold. All the diagnosis relate to other situations,
3 other factors, precluding unrelated to any sort of mold
4 exposure.

5 And I even point out she talks about antifungal
6 medication to the extent she believes that it's related
7 to mold. That prescription is from April of 2021. And
8 that's in her records, the ones that she provided to you.
9 That's not any time close to the event of exposure she's
10 trying to claim in this case.

11 What I think is most telling here is that multiple
12 physicians at the time when Ms. Ram was already making
13 these claims. Both Dr. Kraus, Dr. Butler, they did
14 allergy testing. Ms. Ram wants to dispute the findings
15 of that allergy testing, but she has no evidence that
16 there's anything to dispute. They did not find any
17 allergies that would link the conditions she's
18 referencing in her apartment to any medical condition
19 that she is now suffering.

20 I point out that Ms. Ram has discussed, she references
21 not having documents or still seeking information. This
22 case has been involved in discovery for more than a year
23 now. The discovery deadline has passed currently. And
24 at this point, Ms. Ram has the burden to prove causation
25 of her claim; and the evidence that she's presented shows

1 that she cannot.

2 And the evidence we presented demonstrates that her
3 claims are not supported back for me by any evidence.
4 They're simply speculation. And for that reason this
5 case should be dismissed with prejudice. There's no
6 reason to go forward any further.

7 JUDGE HULL: Okay. I'll consider the arguments;
8 review my notes; and my plan is to have an order
9 regarding this motion out to the parties sometime early
10 next week. So you should be receiving an email with an
11 order from me early next week from my staff attorney.

12 Any questions about that, Mr. Wolgenstahl?

13 MR. WOLGENSTAHL: No, Your Honor, I understand.

14 JUDGE HULL: Ms. Ram, any questions about that?

15 MS. RAM: No, Your Honor. Just an email.

16 JUDGE HULL: Okay, thank you for the argument, we'll
17 see you later.

18 MS. RAM: Thank you, Your Honor.

19 MR. WOLGENSTAHL: Thanks, Your Honor.

20 JUDGE HULL: Okay.

21 * * * * *

22 AUDIO ENDS - 2:22:00

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In Re: MELANIE RAM v. PORT WASHINGTON
Superior Court: 20-2-00653-18 Kitsap County
COA: 565838 Div. II

AFFIDAVIT

- #1. I, Roger G. Flygare, a Certified Court Reporter for the State of Washington do certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:
- #2. Do certify that the audio recording provided directly from the trial court conducting the hearing to Roger G. Flygare & Associates, Inc. of the proceedings held before the Honorable Judge Kevin D. Hull in The Superior Court for Kitsap County, Washington,
- #3. Was transcribed under my direction to the best of our ability, including any changes made by the trial judge reviewing the transcripts.
- #4. R.G. Flygare & Associates is in no way related to or employed by any party in this matter, nor any counsel in the matter;
- #5. And we have no financial interest in the outcome or end result of the litigation.

/s/ ROGER G. FLYGARE
CCR #2248, Exp. 2/27/2022



SUPERIOR COURT OF WASHINGTON
COUNTY OF KITSAP

FILED
KITSAP COUNTY CLERK

2021 JAN 11 PM 2:07

ALISON H. SONNTAG

MELANIE RAM,

Plaintiff,

NO. 20-2-00653-18

v.

ORDER SETTING CIVIL CASE EVENT
SCHEDULE

PORT WASHINGTON, LLC,

Defendants.

(ORSTD/ORSCS/_____/ORACS)

IT IS HEREBY ORDERED that the parties and their respective counsel shall comply with the following schedule, and that Sanctions, including but not limited to those set forth in the Local Court Rules may be imposed for noncompliance.

| SCHEDULING AND CUTOFF DATES | | |
|-----------------------------|----------|---|
| DAYS PRIOR TO TRIAL | DATE | DESCRIPTION |
| =>240 | 5/28/21 | Disclosure of possible primary witnesses |
| =>150 | 8/27/21 | Disclosure of possible additional witnesses |
| =>120 | 9/27/21 | Discovery cutoff |
| =>97 | 10/15/21 | Settlement Conference "package" served |
| =>90 | 10/22/21 | Settlement Conference |
| =>60 | 11/24/21 | Last day to hear Dispositive Pretrial Motions |
| =>20 | 1/5/22 | Exchange of Witness and Exhibit Lists |
| =>7 | 1/18/22 | Joint Statement of the Evidence |
| =>5 | 1/20/22 | Filing of Trial Briefs and Proposed Jury Instructions |
| 0 | 1/25/22 | TRIAL to begin at 9:00 a.m. |

DATED this 11th day of January, 2021.


HONORABLE KEVIN D. HULL

COPIES MAILED:

Melanie Ram
3633 Market Place W #238
University Place, WA 98466

Emory Wogenstahl
Attorney at Law
701 Fifth Ave, Ste 4750
Seattle, WA 98104

1/19/17

Jick,

My ceiling is leaking again worse than ever before. It filled a half of bucket with water but it leaked down on the carpet as well.

You might want to come take a look at it as soon as you can.

Mel in apt #50

Dick Deck

From: 2youtext1 . <2youtext1@gmail.com>
Sent: Thursday, February 02, 2017 11:53 AM
To: Dick Deck

Hi Richard,

Would you please ask the guy that is coming to work on the ceiling mold tomorrow to tape a plastic tarp around the entire opening of my bedroom door. I would rather not get any mold spores or fiberglass onto my clothes and bedding. I appreciate it if he can do that.

Thanks, and please let me know if you got this email. Matt's name still appears at the top of the address.

Melanie form apt #50

1 dates. So I was gone out of the apartment for about three
2 days before I came to move my things. And when I left the
3 apartment, I left it in there; the mold was in there. And
4 when I came back to move my things out of the apartment, the
5 mold was gone.

6 Q. Okay. And to clarify, you're using days, but you're not
7 giving us months or years. So are you talking about February
8 10th was when you moved your items out of the apartment?

9 A. Yes. Right. Yes. You're right. February 10, 2017, I
10 actually moved -- moved my belongings out of the apartment,
11 so I did not turn in the key. So about three days before
12 that, I packed up and I went to a hotel.

13 Q. And Ms. Ram, I'll just remind you, please let me finish my
14 questions before you start responding.

15 A. Okay.

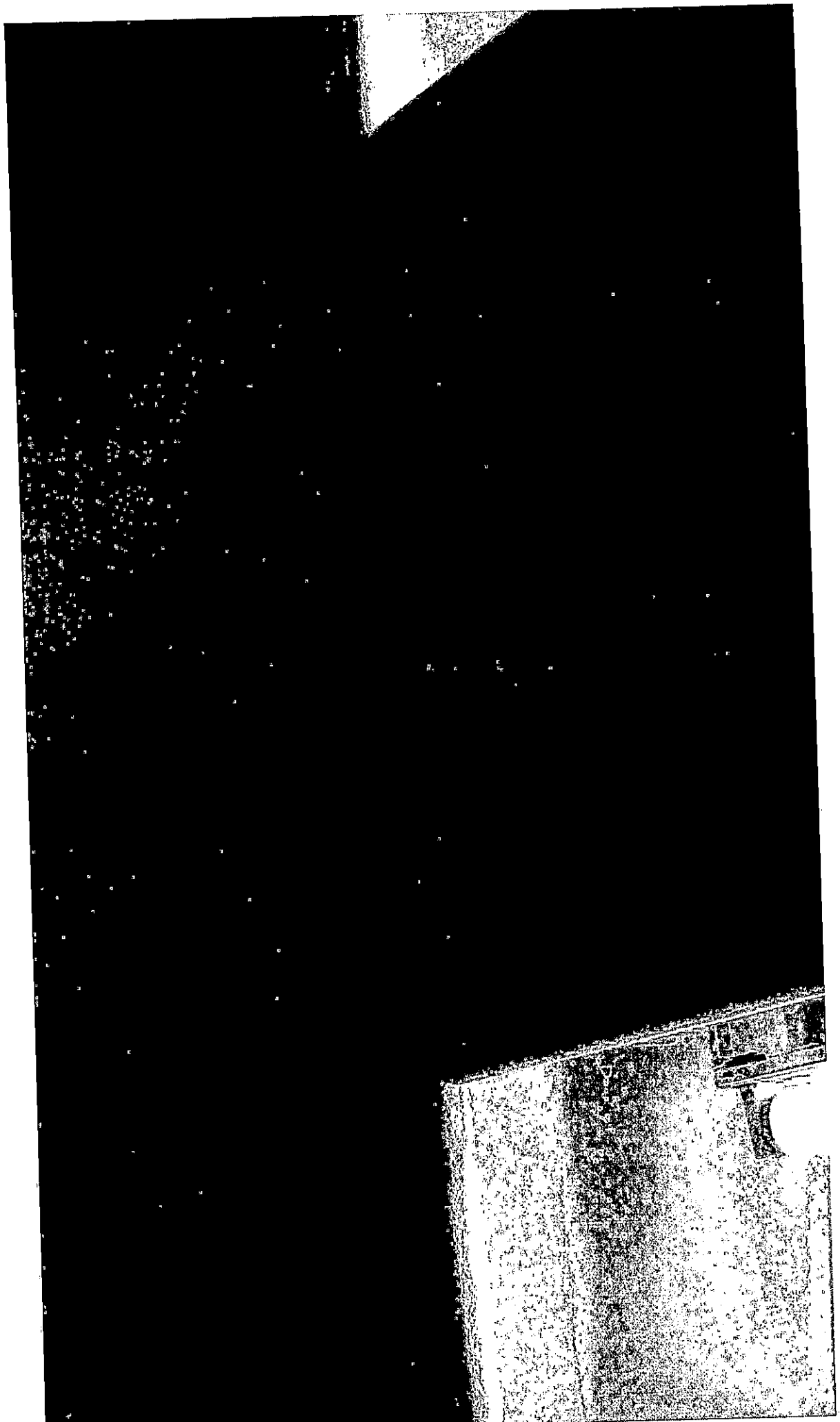
16 Q. And from the date you reported your -- the mold to Mr. Deck
17 to the date that you left to start staying in a hotel, did
18 you show the mold to anyone else?

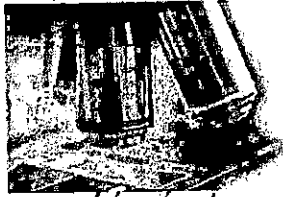
19 A. (Indiscernible) -- my friend came to -- to film the process,
20 so he saw the mold. He -- he came -- he came to film me
21 remove the mold because -- because the way they were
22 behaving, I did not think anybody took this seriously and
23 they were going to do anything serious anymore. So I knew I
24 had to get out, you know.

25 I had a promise that somebody was going to come on the

EXHIBIT

F





HOME MOLD LABORATORY

3130 Old Farm Lane, Suite 1
Commerce Twp., MI 48390

877-405-2191

info found at mold baskets

Cladobotryum in conjunction with *Stachybotrys*, *Fusarium*
and *Chaetomium*
→ 2+ subspecies < *u. chaetomium*
< *u. botrytis*

→ worst scenario when *Cladobotryum* is found with *Bipolaris*
wiki { *Stachybotrys chaetomium* & *Stachybotrys chlorochalonata* are known as
black or toxic mold.

Laboratory Report

wiki → *Fusarium* causes opportunistic infections penetrating the
entire body and the bloodstream → Associated types of *Fusarium*
are *Fusarium solani*, *Fusarium oxysporum*, *Fusarium verticillioides*
Prepared Exclusively For: *Fusarium proliferatum*

Melanie Ram
3633 Market Place W Apt. 238
University Place, WA 98466
425-919-2553
2youtext1@gmail.com

wiki { *Chaetomium* spp can cause type 1 allergic reactions and infections
in humans



Project: Ram, Melanie

Report Date: 02/28/2019

Sampled: N/A

Received: 02/27/2019

Lab # H19416

Analyzed: 02/28/2019



HOME MOLD LABORATORY

Report Prepared For: Melanie Ram
Project Name: Ram, Melanie
Report Date: 02/28/2019
Lab Number: H19416

1 - Laboratory Results

Location: Next to Skylight

Sample # H19416 -1
Medium Type: Tape Lift

| Sample Identification | Prevalence |
|-----------------------|--------------------------------------|
| - Fungi - | |
| Mitosporés | Present on 76 - 100% of sample area. |
| Ulocladium | Present on 51 - 75% of sample area. |

| Background Item | Level |
|------------------|-----------|
| Dust / Debris | Low |
| Hyphal Fragments | Very High |
| Opaque Particles | Low |

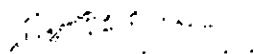
Analytic Methods and Formulas:

IMS Analytical Method: 2.6.1 (method for analyzing abundant organisms tape lift)

Note that this report may use mold-specific units of measure, such as Spores/cu. m. and CFU/cu. m. for Sample Identifications which are not mold. Examples include pollen, fabric and fiberglass fibers, insect particles, and ash. In this context, "CFU" and "Spore" refer to individual pieces of the identified material.

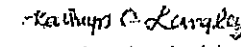
IMS Laboratory, LLC is accredited through the AIHA-LAP, LLC and participates in Environmental Microbiology Proficiency Testing, EMPAT #172958. Data is provided in compliance with AIHA-LAP, LLC policy modules and ISO/IEC 17025 guidelines.

Analyst


02/28/2019
Jonathan Panzer, Lab Analyst



Reviewer


02/28/2019
Kathryn C. Langley, Lab Analyst

EXHIBIT

I



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RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
UC Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: [REDACTED], Sex: F
Adm: 10/29/2012, D/C: 10/29/2012

User Key (continued)

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

| Initials | Name | Effective Dates |
|----------|------------------------|---------------------|
| SP | Pohl, Stephen Eric, MD | 05/29/12 - 01/07/13 |
| KS | Sargent, Kelly | — |

All Notes

ED Notes signed by Pohl, Stephen Eric, MD at 10/30/2012 4:19 PM

Author: Pohl, Stephen Eric, MD Service: — Author Type: Physician
Filed: 10/30/2012 4:19 PM Date of Service: 10/29/2012 7:53 PM Status: Signed
Editor: Pohl, Stephen Eric, MD (Physician)

cc: Steven K Burrows, MD

DATE OF SERVICE: October 29, 2012

This 39-year-old patient presents with rectal bleeding and anal mass.

PRESENT ILLNESS: Patient states that she has a long history of intermittent constipation, but has not been particularly constipated in the last few days. She does also have intermittent rectal bleeding of long duration with known hemorrhoids. She had some mild discomfort in the perianal area for the last couple of days and today felt a "painful lump" near the anus, which prompts this visit. No other complaints.

EXAMINATION: The patient is alert, oriented, cooperative, in no acute distress. Vital signs are normal. Examination of the anal area reveals mild inflammation without abscess formation at the 2 o'clock position perianally. She does have some hemorrhoidal tags. Rectal examination revealed no mass or blood in the ampulla.

IMPRESSION: Early perianal phlegmon.

DISPOSITION: Patient will be sent home to warm packs to the anal area, given Keflex 1000 mg t.i.d. for the next week and told to be rechecked in 48 hours by her primary care physician. An appointment was made for her.

SEP:JO 1338665

Dictated: 10/29/2012 7:53PM Stephen Eric Pohl, MD

Transcribed: 10/29/2012 8:04PM EMERGENCY MEDICINE

Electronically signed by Pohl, Stephen Eric, MD at 10/30/2012 4:19 PM

ED Notes by Denisiuk, Valentina P, RN at 10/29/2012 6:50 PM

Generated by EDWAAX1 at 9/10/20 12:50 PM

EXHIBIT

J



RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: [REDACTED], Sex: F
Visit date: 11/1/2012

All Notes (continued)

Progress Notes by Burrows, Steven K, MD at 11/1/2012 4:24 PM (continued)

There is no problem list on file for this patient.

Active Medications as of 11/01/2012:

CEPHALEXIN 500 MG ORAL CAP, TAKE 2 CAPSULES THREE TIMES A DAY UNTIL GONE FOR INFECTION

ACYCLOVIR 400 MG ORAL TAB, take one three times a day for 5 days

ALLERGIES:

No Known Allergies

SUBJECTIVE: Melanie Ram is a pleasant 34 year old female with the above past medical history / problem list who comes in with complaint(s) of follow up Urgent Care Clinic visit 10/29/12. She had perianal lump "it wasn't the pain that brought me there it was the apparent growth", had noted pain for few days before but then noted the lump.

Went to Urgent Care Clinic 10/29/12 and ? early perianal abscess. Was put on cephalexin and advised to follow up

Currently she feels much better.

History of hemorrhoids. Had seen GI in the past and flex sigmoidoscopy discussed but she never got around to having it done

REVIEW OF SYSTEMS: No fever. Moves bowels about once a day, can be hard painful stools. No regular diarrhea. Every 2-3 months notices a little blood in the stool. No weight loss. LMP now.

Grandfather had colon cancer

SOCIAL HISTORY: Retail work. Smokes 4-5 cigs a day. Originally from Romania

OBJECTIVE: BP 108/70 | Temp 98.6 °F (37 °C) | Wt 101 lb 12.8 oz (46.176 kg) | LMP 09/24/2012 Estimated Body mass index is 17.75 kg/(m²) as calculated from the following:

Height as of 10/16/09: 5' 3.5" (1.613 m).

Weight as of this encounter: 101 lb 12.8 oz (46.176 kg).

Wt Readings from Last 4 Encounters:

11/01/12: 101 lb 12.8 oz (46.176 kg)

08/30/11 : 104 lb 6.4 oz (47.356 kg)

10/16/09 : 103 lb (46.72 kg)

09/11/09 : 101 lb 3.2 oz (45.904 kg)

BP Readings from Last 4 Encounters:

11/01/12 : 108/70

10/29/12 : 125/82

08/30/11 : 104/76

10/16/09 : 120/62

GENERAL: Alert female in no acute distress

RECTAL: right posterior perianal area is mildly tender ill defined SQ swelling 1.5cm in size, no erythema, no

**All Notes (continued)****Progress Notes by Burrows, Steven K, MD at 11/1/2012 4:24 PM (continued)**

discharge; it is tender to a 3 on scale 1 to 10. There are non-inflamed external hemorrhoidal tags

LABS / STUDIES:**HEMATOCRIT (%)**

| Date | Value | Range | Status |
|-----------|-------|-------|--------|
| 9/11/2009 | 38 | Final | |

No results found for this basename: CRE

No results found for this basename: pot

No results found for this basename: LDL

HDL CHOLESTEROL (MG/DL)

| Date | Value | Range | Status |
|-----------|-------|-------|--------|
| 8/30/2011 | 87 | Final | |

No results found for this basename: trig

No results found for this basename: AST

No results found for this basename: TSH

ASSESSMENT / PLAN:

1. Perirectal abscess - small perirectal abscess, improved with cephalexin. Complete course antibiotic. Will have General Surgery consult, will send note to get opinion on timeline for visit

2. Hemorrhoid - discussed treatments for constipation

3. Need for Prophylactic Vaccination and Inoculation Against Influenza - flu shot given today

4. Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis (DTP) vaccine - Tdap given

Steven Burrows, M.D.

(425) 261-1500

(425) 261-1599 FAX

Electronically signed by Burrows, Steven K, MD at 11/1/2012 5:29 PM

Patient Instructions by Burrows, Steven K, MD at 11/1/2012 4:48 PM

| | | |
|--|---------------------------|------------------------|
| Author: Burrows, Steven K, MD | Service: — | Author Type: Physician |
| Filed: 11/1/2012 4:50 PM | Encounter Date: 11/1/2012 | Status: Addendum |
| Editor: Burrows, Steven K, MD (Physician) | | |
| Related Notes: Original Note by Burrows, Steven K, MD (Physician) filed at 11/1/2012 4:50 PM | | |

1. I agree with Dr. Pohl. I do think you have a perirectal abscess. It has improved with the cephalexin antibiotic, but I'm not sure it will go away completely with the antibiotics alone

**KAISER PERMANENTE**

RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: [REDACTED], Sex: F
Visit date: 1/31/2017

Visit Information

| | | | |
|-----------|--|-----------------------------------|--------------------------|
| 1/31/2017 | Provider Christine A Lomotan, MD; Family Medicine Location | Department Sil Family Practice | Encounter # 237169132 |
|-----------|--|-----------------------------------|--------------------------|

Diagnoses

| | Codes | Comments |
|--------------------|--------|----------|
| Weakness - Primary | 780.79 | |

Level of Service

Level of Service
TELEPHONE ENCOUNTER 5-10 MINUTES IN DURATION [TE10MIN]

Vitals

| | |
|-----------------------------|---|
| OB Status Having periods | Smoking Status Current Some Day Smoker |
|-----------------------------|---|

Diabetic Foot Exam

No data filed

All Notes**Telephone Encounter by Lomotan, Christine A, MD at 1/31/2017 5:14 PM**

| | | |
|--|---------------------------|------------------------|
| Author: Lomotan, Christine A, MD | Service: — | Author Type: Physician |
| Filed: 1/31/2017 5:35 PM | Encounter Date: 1/31/2017 | Status: Signed |
| Editor: Lomotan, Christine A, MD (Physician) | | |

Melanie Ram is a 39 year old female thinks that it is the black mold in her ceiling and bathroom that is causing the symptoms. She is sure it is toxic black mold.
She has an appointment with the GI on Feb 10- i advised her to inform GI of the above but I told her it would be difficult to pinpoint her symptoms to the black mold especially since she is a smoker and GERD can be caused by the nicotine
She wants to get samples of the mold herself - i told her she needs to get a professional to get the samples or identify it . If she tries to get the samples and get more exposed to it- then she may have worse symptoms also told her with molds , it's usually respiratory symptoms but certainly can be from molds . The causality of black mold and her GI symptoms have to be proven. If she has yeast in her GI tissues - ? If it's black mold or other yeast

Plan: she should try to stop smoking , not just decrease the cigarette
She should tell GI her suspicions about the mold

Electronically signed by Lomotan, Christine A, MD at 1/31/2017 5:35 PM

All Meds and Administrations

(There are no med orders for this encounter)



RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: [REDACTED], Sex: F
Visit date: 2/16/2017

Visit Information

| | | | |
|-----------|--|------------------------------------|--------------------------|
| 2/16/2017 | Provider William K Butler, MD; Allergy & Asthma Clinic | Department Csc Allergy & Asthma | Encounter # 237625631 |
|-----------|--|------------------------------------|--------------------------|

Diagnoses

| | Codes | Comments |
|--|--------|----------|
| SOB (shortness of breath) - Primary | 786.05 | |
| Throat tightness | 784.99 | |
| Mold exposure | V87.31 | |

Level of Service

| | |
|--|--|
| Level of Service OFFICE VISIT E&M NEW MOD-HI SEVERITY 60 [99205] | Modifiers Significant, Separate E&M Svc/Same Y Same Prov [25] |
|--|--|

Vitals

| | |
|-----------------------------|---|
| OB Status Having periods | Smoking Status Current Some Day Smoker |
|-----------------------------|---|

Diabetic Foot Exam

No data filed

All Notes

Progress Notes by Butler, William K, MD at 2/16/2017 7:30 AM

| | | |
|--|---|--|
| Author: Butler, William K, MD Filed: 2/16/2017 9:21 PM Editor: Butler, William K, MD (Physician) | Service: — Encounter Date: 2/16/2017 | Author Type: Physician Status: Signed |
|--|---|--|

SKIN TESTING

- Skin testing to a complete panel of aeroallergens (trees, grasses, weeds, dust mite, molds, feathers, animal dander) was negative. [Placed 35 epicutaneous tests].

PULMONARY FUNCTION TESTS

| Date: | FVC (liters/ %) | FEV1 (liters/ %) | FEV1/FVC (%) | FEF 25-75% (liters/sec) | FEV1 % change |
|-------------|--------------------|---------------------|-----------------|----------------------------|---------------|
| Feb 16 2017 | 3.70/98 | 2.74/89 | 74 | 2.38/75 | |
| s/p BD | 3.075/100 | 2.86/93 | 76 | 2.67/84 | 4% |

Normal spirometry. No evidence of airflow obstruction.

IMPRESSION

1. Shortness of breath/throat tightening
2. Mold exposure: Ulocladium

RECOMMENDATIONS

1. Mold exposure. Melanie has been exposed to mold and worries she may be allergic to Ulocladium

All Notes (continued)**Progress Notes by Butler, William K, MD at 2/16/2017 7:30 AM (continued)**

(the identified mold). However, we have no skin testing extract for this mold.

- Anecdotal evidence suggests that *Ulocladium chartarum* induces symptoms of asthma, allergic rhinitis and hypersensitivity pneumonitis in sensitized individuals. However, no studies have been reported to date
- We did skin test her to the NW panel of aeroallergens in an effort to see if she might be an atopic individual – but the testing was completely negative (including to *Alternaria*, which potentially has cross-reactivity with *Ulocladium*). This makes it unlikely that she developed an allergy to one particular aeroallergen and no other, but we'll check RAST studies to see.

2. I'll contact her with the results of the bloodwork and follow-up accordingly. More than 50% of the total time of this 60 minute visit was spent on counseling and coordination of care.

Ulocladium spp., phylogenetically related to *Alternaria*, is a dematiaceous, filamentous fungus that inhabits the soil and decaying herbaceous plants. It is widely distributed in nature and may also be isolated from paper, textiles, and wood. *Ulocladium* is commonly considered a contaminant. There are approximately 18 species in this genus, some of which are food spoilers and plant pathogens. The species also contains members that have potential as enzyme producers and bio-control agents. *Ulocladium spp.* is often found on dead vegetation; in soil, air and dust; but also on food and feedstuffs, and on water-damaged building materials. Some members of the genus can invade homes and are a sign of moisture, because the mould requires water to thrive.

Electronically signed by Butler, William K, MD at 2/16/2017 9:21 PM

Progress Notes by Butler, William K, MD at 2/16/2017 7:30 AM

Author: Butler, William K, MD

Service: —

Author Type: Physician

Filed: 2/16/2017 9:21 PM

Encounter Date: 2/16/2017

Status: Signed

Editor: Butler, William K, MD (Physician)

NEW PATIENT**HISTORY OF PRESENT ILLNESS (HPI)**

Melanie, a 39 year old Romanian female, comes in for mold testing.

For the past 9 months, she has been living in an apartment that has now been determined to have significant mold growth – identified as *Ulocladium*. When she went to collect a sample for analysis, she developed a stinging sensation in her tongue and nose, forcing her to leave the apartment – and then symptoms resolved within a few hours. She later returned to sleep, but noted palpitations/tachycardia and throat tightening which persisted despite opening the windows (she does not feel this represented anxiety). She was able to find another place to stay for several nights, and then again noted symptoms when she returned to the home about 3 days later: chest pressure and SOB.

All Notes (continued)**Progress Notes by Butler, William K, MD at 2/16/2017 7:30 AM (continued)**

Those symptoms have abated now that she is no longer living there. She has found that there is a leak in the ceiling windows where the black mold is now growing. She would be here requesting mold testing.

No prior history of asthma or breathing difficulties. No chronic nasal-ocular symptoms. No eczema.

PAST MEDICAL HISTORY**Significant medical problems:**

H/O domestic violence

History of tobacco use

Employee exposure to blood

Smoking history/exposure:

- Current smoker x 2 ½ pack years.

REVIEW OF SYMPTOMS

A complete review of symptoms was conducted based upon the patient's responses to a questionnaire that assessed the following systems: General, Head, Ears, Eyes, Nose, Throat, Chest, Skin, Blood/Lymph, Heart, Abdomen, Extremities, Urinary, Neurologic, Reproductive, Sleep. The responses were all negative except for those discussed in the HPI.

FAMILY ALLERGY HISTORY

- Non-atopic family history

ENVIRONMENTAL HISTORY**Type of home:**

- Lives in an urban apartment with radiant heat.

Type of flooring:

- Wall-to-wall carpeting

PHYSICAL EXAMINATION

GENERAL: Well appearing in NAD. Strong scent of smoke upon entering the room.
EYES: No conjunctival injection or periorbital findings.
EARS: Clear tm's
NOSE: Patent nares. Normal septum. No polyps. Normal mucosa, without excess secretions.
MOUTH: Moist mucous membranes. No erythema, enanthem. Pharynx: clear without PND.
NECK: No thyromegaly.
LYMPHATICS: No cervical adenopathy
RESP: No cervical, axillary, or supraclavicular adenopathy
HEART: Regular rate and rhythm without murmur.
SKIN: No exanthem, eczema, or urticaria.



RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: [REDACTED], Sex: F
Visit date: 2/16/2017

All Notes (continued)

Progress Notes by Butler, William K, MD at 2/16/2017 7:30 AM (continued)

MS: No clubbing or cyanosis

Electronically signed by Butler, William K, MD at 2/16/2017 9:21 PM

Progress Notes by Ashenfelter, Sandra M, RN at 2/16/2017 7:30 AM

Author: Ashenfelter, Sandra M, RN Service: —
Filed: 2/16/2017 9:21 PM Encounter Date: 2/16/2017
Editor: Ashenfelter, Sandra M, RN (Registered Nurse)

Author Type: Registered Nurse
Status: Signed

All medications verified and any discrepancies noted.

Patient has been informed of the following care gaps: Yes

- A pap test to check for cervical cancer.
- A flu shot to protect against the flu virus.
- The patient is a current smoker.

Here for mold testing. Had her room closed for a few days--walked into it and experienced breathing problems.

Rash on R shoulder--itchy and hurts--may have been swollen or blisters.

I placed 35 screenings for percutaneous (prick) skin testing on the back, using the Quintip device. The patient is instructed that itching may occur and not to scratch or touch the back. RN checked on the patient approximately 5 minutes post-placement and notes the patient tolerated the procedure without incident. Reading by the RN was completed at 15-20 minutes, following placement of antigens. Sarna lotion was applied to the back to relieve itching.

Completed skin testing sheet was given to provider for review. See Allergy Skin Test Record for full documentation

Spiro done.

Bronchodilated with 4 puffs of albuterol with spacer and spirometry repeated. Spacer delivery instructed--pt performs well.

Electronically signed by Ashenfelter, Sandra M, RN at 2/16/2017 9:21 PM

Patient Instructions by Butler, William K, MD at 2/16/2017 7:30 AM

Author: Butler, William K, MD Service: —
Filed: 2/16/2017 9:32 AM Encounter Date: 2/16/2017
Editor: Butler, William K, MD (Physician)

Author Type: Physician
Status: Signed

We tested today for a panel of inhalant allergens, and the skin testing was negative to the following:

- tree, grass and weed pollen
- dustmites



RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: [REDACTED], Sex: F
Visit date: 2/16/2017

All Notes (continued)

Patient Instructions by Butler, William K, MD at 2/16/2017 7:30 AM (continued)

- mold spores
- animal (cat and dog) dander
- feathers

However, the positive (histamine) control did react, indicating that the test results are valid. Therefore, allergies do not appear to be playing a role in the symptoms.

Therefore, it is unlikely that you have an IgE mediated (Type 1 hypersensitivity) reaction to the ulocladium - but we'll check by blood testing.

I'll contact you with the results of the lab and recommend any additional studies or follow-up at that time.

Electronically signed by Butler, William K, MD at 2/16/2017 9:32 AM

All Meds and Administrations

(There are no med orders for this encounter)

1 Q So I understand from information that's been
2 provided by Ms. Ram that you are providing her with
3 medical treatment. I understand that you're a treating
4 provider for her; is that correct?

5 A That's correct.

6 Q And about how long have you been providing
7 medical care or treatment for Ms. Ram?

8 A I saw her in May of this year, fairly recently.
9 May 24th, to be specific.

10 Q All right. And when she came to you do you
11 recall the initial complaint she had, that she described
12 to you, or do you recall the information she provided to
13 you during that first visit?

14 A Well, I have her record in front of me, yes.

15 Q Perfect. At that time did Ms. Ram discuss in
16 any way that she was involved in litigation regarding mold
17 in an old apartment she had lived in?

18 A No.

19 Q Okay. What specifically did she represent to
20 you as the problems or symptoms that she was looking to
21 address when she first visited you?

22 A Well, she described how her problems started
23 with the intestinal symptoms, pain, heartburn, bloody
24 stools, sinus congestion, throat problems, difficulty with
25 apnea at night, itchy rashes, difficulty breathing, and

1 I was assuming she was one of these people that
2 might even be -- still has the mycotoxins in her body or
3 become allergic to mold or has got mold growing in her
4 body, or all the above.

5 Q And I'm not looking at the documents you're
6 looking at. Did you make a diagnosis of Ms. Ram that
7 first visit?

8 A Yes, I did.

9 Q What was that diagnosis?

10 A Well, the three -- Well, first was mold
11 exposure, headaches, sinusitis, pharyngitis, fatigue,
12 gastrointestinal symptoms, and sleep disorder.

13 Q All right. And are those -- I think based on
14 that list those are all some of the symptoms you had
15 mentioned before --

16 A Yes.

17 Q -- that you will see in a patient who has been
18 exposed to mold; is that correct?

19 A Yes.

20 Q All right. And in looking at this symptom list
21 did you consider any other diagnosis or causes, or was
22 Ms. Ram's report of prior mold exposure the foundation
23 that sort of you built on when you were looking at these
24 diagnoses?

25 A Well, I don't remember the details, but I know

1 she had been seeing other doctors and wasn't getting much
2 results with them, so I thought this would be our main
3 level of -- to investigate. Because she had had other
4 tests that apparently didn't show -- routine tests that
5 didn't show anything that I was aware of causing any
6 problems.

7 So in other words, I think she by seeing other
8 clinics and doctors, other things were ruled out. So I
9 thought we had -- We were focused on what her main concern
10 was was the mold exposure.

11 Q And when Ms. Ram met with you did she mention
12 that at least in the case of this lawsuit the apartment
13 where she's claiming mold exposure, she had moved out in
14 February of 2017?

15 A I forget the dates, but yes, roughly that. Yes.

16 Q All right. And then do you know how many other
17 places she had lived between that time and like her
18 current residence when you saw her?

19 A At least one other time she moved, maybe two
20 other times. I'm not sure. I'm looking for that. I think
21 a total of three times I believe she moved. I'm not
22 positive on that.

23 Q Okay. And with an environmental -- I guess with
24 an environmental concern related to mold, does moving
25 three times typically resolve symptomology, in your

1 **experience?**

2 A I wish. No, it doesn't always. As I mentioned,
3 some people even when they move to a really clean place,
4 they don't seem to totally resolve because they've still
5 got the hit and run injury to the body, or they still are
6 colonized with mold, or the mycotoxins are still
7 circulating in the body, keeping them sick, and/or they
8 become allergic to mold. Now they're hypertensive to mold
9 that never would have bothered them before, levels of mold
10 that never would have bothered them before.

11 Q So I think you mentioned that the first thing
12 you decided to do was to do some environmental testing or
13 have Ms. Ram do some environmental testing?

14 A Normally we do that, but I don't know if we did
15 it in her case or not.

16 Q Did you order any testing for Ms. Ram or
17 Ms. Ram's home, anything like that?

18 A I -- Not in her home, no.

19 Q Okay. What type of testing did you order or
20 conduct for Ms. Ram?

21 A We did two major things. We did skin testing of
22 her, and we ordered a -- let's see, a urine test for
23 levels of mycotoxins in her urine.

24 Q Okay. And I think that Ms. Ram has provided me
25 with the results of those tests, so I wanted to -- I'm

1 it maybe ten, 15 times with a tiny, little needle. So
2 it's a very superficial nonspecific test. There's no
3 dosage involved that's specific.

4 With this kind of intradermal you inject --

5 (Audio drop, Reporter request to repeat.)

6 A -- the antigen for testing. For skin testing
7 the antigen goes into the skin. You go -- It's not
8 just -- It goes into deeper tissues where you activate
9 more immune cells, so you see more of an immune reaction
10 compared to the little prick test.

11 This is also a very specific test, and it's
12 measured with, like I said, 0.5 milliliters injection.
13 You measure the wheal, the bump on the skin at the time
14 you do it, and 15-20 minutes again later to see if it
15 grows; and the level of growth indicates the level of
16 sensitivity and allergies. The higher the number, the
17 more allergies. The person is allergic to the substance.

18 Q Okay. I see. And so just looking at this, like
19 the Stachybotrys is the black mold that you were talking
20 about; is that correct?

21 A Um-hmm.

22 Q Okay. And she did have a reaction to that?

23 A Yes.

24 Q And based on these tests are you able to tell
25 whether or not Ms. Ram was always allergic to this or

1 whether an environmental factor sort of developed her
2 allergic reactions?

3 A No, we can't tell. We don't know.

4 Q And I see some of the molds, and it looks like
5 her largest reactions were to Candida -- or Candida.

6 Is that a mold?

7 A Yes.

8 Q And then some American and European mites. Are
9 those molds, or is that the dust mites?

10 A They're dust mites.

11 Q Okay. And is there anything that stands out as
12 abnormal or surprising to you in these results?

13 A Well, not in my mold patients, no. This is
14 typical.

15 Q Okay. All right. And based on this
16 information, I guess how did these tests inform your
17 follow-on treatment for Ms. Ram?

18 A I'm sorry. What do you mean?

19 Q Like how did these results, seeing these
20 results, understanding that she had these allergies, how
21 did that inform your ongoing treatment of Ms. Ram?

22 A Well, if these were all negative testing, I
23 wouldn't have much concern about mold; but the fact
24 that -- What it means to me is this woman, this patient
25 has been exposed to mold, and it's really important that

1 camera. And I'll stop sharing my screen for now then.

2 A (Displaying document.)

3 Q Okay. So I won't be able to see much. I was
4 just hoping I could identify it later on, but would you --
5 Are you able to tell me what the results were of the --

6 A Yes.

7 Q -- Altus mycotoxin test?

8 A Yes. We had right down here elevated levels of
9 Gliotoxins, Trichothecenes, and those Zearalenones you
10 mentioned. Z-E-A-R-A-L-E-N-O-N-E-S, Zearalenones.

11 Q And what is the significance of each one of
12 these three where there were positive tests that we just
13 talked about?

14 A Well, the elevated Zearalenones indicate
15 exposures to a variety of funguses. It could be several
16 different types.

17 The elevated Gliotoxins are usually related to
18 Aspergillus. And the Trichothecenes are usually elevated
19 due to elevation -- I mean, pardon me, to the presence of
20 Stachybotrys.

21 Q So plaintiff had exposure -- I'm sorry. Ms. Ram
22 had exposure to black molds based off this test?

23 A Stachybotrys, yes, black mold. And Aspergillus.

24 Q Okay. And from this test is there a way to tell
25 when this exposure took place?

1 A No.

2 Q Based on these levels would this indicate a more
3 recent exposure, or is there any way to tell?

4 A You would normally think so, but the strange
5 thing is sometimes this -- It took a long time to learn
6 this, that some people didn't get better when they moved
7 out. They made the home, new home perfect and everything,
8 but they still didn't get well. And they still had these
9 mycotoxins in their body.

10 And either they had some impaired process they
11 could not remove the toxins, and/or the fungus was still
12 in their body producing them. So that's why people may
13 not get better right away like we would like, like you
14 would think.

15 Q Over time if exposure has discontinued, will you
16 see an improvement in a patient's symptoms?

17 A Not always. Again, if you treat the -- detox
18 the chemicals, the toxins out of their body and treat the
19 ongoing fungal infection, then they get better, but until
20 you do that they won't.

21 Q So it sounds like based on your knowledge, so
22 Ms. Ram had not received maybe detox treatment before.
23 There was an exposure to these types of mold based on the
24 tests, but there's no way to tell when the exposure
25 occurred or whether it's increased or reduced over time?

1 A No way of telling, right.

2 Q Okay. All right.

3 MS. RAM: Actually, --

4 MR. WOGENSTAHL: And -- I'm sorry.

5 MS. RAM: Can I -- Can I make a suggestion
6 on that, on that point? We actually have an informal
7 test. The lab actually refused to do the test, and this
8 was done after -- after this test, which the labs are
9 going to back up.

10 That test was some urine I had saved in the
11 fridge for two years; and that test came back only with
12 Trichothecenes, but they came back higher level from that
13 sample of urine that was two years old than these tests
14 over here. So we do kind of have a way of telling whether
15 it's been going up or down over the years.

16 But I've acquired this information later on, so
17 I'm preparing the last package to submit to you by the end
18 of deposition.

19 MR. WOGENSTAHL: Okay. Thank you for
20 sharing that.

21 Q (By Mr. Wogenstahl) And Dr. Buscher, based on
22 that information are you aware of the second test of
23 urine, of the sample that Ms. Ram was just speaking about?

24 A Vaguely.

25 Q Okay. Was that a sample that your office had

1 A Yes.

2 Q Okay. And was that based on any information
3 from your examination, or was that based on information
4 from Ms. Ram?

5 A Well, it was -- I often do this for people.
6 Because her belongings were likely contaminated with mold
7 from the previous place she was living in, and the vacuum
8 cleaner -- So likely they couldn't detect the
9 contamination of the present carpet, so the vacuum, the
10 HEPA vacuum will pull out the mold spores.

11 It's just a better way of cleaning the mold and
12 dust mites. I mean mycotoxins.

13 Q And you've mentioned that some of her
14 possessions, furniture, property, might have been
15 previously contaminated.

16 A Yeah.

17 Q Was that tested at any time at your behest?

18 A Not that I know of, no.

19 Q Okay. Is that more -- I guess would you say
20 that's an assumption, that it's possible her property was
21 contaminated?

22 A Yes, it's possible, more likely than not.

23 Q Is it also possible that there's a current
24 source of mold that she may be exposed to?

25 A Yes.

1 Q Through any of the tests you've done are you
2 able to identify a time duration or a timeframe for
3 current or past exposure and relate that to any of her
4 symptoms?

5 A Well, I just -- The only thing I can think of is
6 what I understand about her health is she was always
7 healthy until this -- she started getting sick sometime
8 shortly before she saw me in May of 2021, May of this
9 year.

10 Q Okay. So that was information reported to you
11 by Ms. Ram, sort of formed the bases for that?

12 A Yes.

13 MS. RAM: I'll object.

14 A Yes, the carpet fiber.

15 MR. WOGENSTAHL: And for the record Ms. Ram
16 objected to that.

17 THE REPORTER: I heard.

18 THE WITNESS: Okay.

19 Q (By Mr. Wogenstahl) All right. So if I
20 understand, it sounds like you have found a reasonable
21 explanation for what might be causing Ms. Ram's symptoms
22 based on the testing; is that correct?

23 A That's correct.

24 Q All right. But there's been no independent
25 testing to verify when the exposure might have taken place

1 or what was the cause? Of the exposure, I should say
2 that.

3 A Well, ask the question again, please. I'm not
4 sure.

5 Q Yeah. So it sounds like while there is a --
6 Your tests have confirmed the exposure at some point, --

7 A (Nodded.)

8 Q -- but the tests are not able to show when the
9 exposure took place, location, duration, anything like
10 that. Would that be fair to say?

11 A That would be fair to say that, yes.

12 MS. RAM: I object again.

13 Q (By Mr. Wogenstahl) And in evaluating Ms. Ram
14 were there any other lifestyle factors or environmental
15 factors that provided an explanation of where this
16 exposure might have come from?

17 A No, not that I'm aware of.

18 Q And would smoking, either a history of smoking
19 or being a current smoker, bring on any of these symptoms
20 that you've discussed?

21 A Well, it would make her more susceptible,
22 possibly, her respiratory system, but wouldn't cause it,
23 no.

24 Q I know you said you had a third appointment with
25 Ms. Ram in August. Has there been an improvement in

1 A I think she told me something about that, but
2 I'm not sure.

3 Q To your knowledge did she share any records with
4 you related to the testing results from those tests?

5 A I have not reviewed all of her records, so I
6 don't know if I have.

7 Q Okay. And I don't want to put you on the spot
8 too much, but are you familiar with Ulocladium type mold?

9 A I've heard of it, but I'm not familiar with it.

10 Q All right. So when you've heard of it, are you
11 aware -- I guess are you familiar with it as being a mold
12 that's common in the Pacific Northwest, or is it something
13 that you've come in contact with previously in your
14 practice?

15 A I can't comment on that because I'm not familiar
16 --

17 Q Okay.

18 (Audio drop, Reporter request to repeat.)

19 A I'm not familiar with any problems. I don't
20 know what it does. It's like a new name to me in a way.
21 I don't know anything about it.

22 Q Okay. So you don't have any knowledge if it
23 would be considered like a subclass of mold that would
24 cause a mycotoxin?

25 A No, because I don't know. I don't know. I'd

1 say I can't answer that.

2 Q Okay. All right. I guess, Doctor, just to go
3 through a couple of final questions, in your clinical
4 review of Ms. Ram, her records and the tests, are you able
5 to pinpoint a specific time of exposure of mold that might
6 have caused her symptoms?

7 A Well, from what I understand when she started
8 getting sick, all the sinus trouble, the respiratory and
9 the intestinal trouble, the rectal bleeding, all that --
10 (Audio interruption, Reporter request to repeat.)

11 A I'm sorry. When I first saw her her symptoms
12 started when she was living in that first place she
13 mentioned, I think the one we're talking about, with the
14 sinus and respiratory symptoms, the headaches, all that,
15 that's when I believe it started.

16 Q Okay. And that's based on information provided
17 by Ms. Ram?

18 A Correct.

19 Q Okay. And from that information are you able to
20 confirm the source of potential exposure?

21 A I can't confirm it. I can only say more likely
22 than not that's when it happened, but I don't have lab
23 data to prove that.

24 Q And so if Ulocladium is not a type of mold that
25 would be related to a mycotoxin, would that indicate --

1 but Ulocladium was the only type of mold that was found in
2 her unit, would that indicate there might be another
3 source of contamination or exposure?

4 A Well, there was, because the mycotoxin test
5 shows there was evidence of mold, Aspergillus and
6 Trichothecenes.

7 Q And would you be surprised if none of those
8 types of mold were found in any of the sampling done from
9 her unit with the sample that she had taken back in 2016
10 or 2017?

11 A Not particularly, because mold sampling is not
12 all that reliable. The swab tests, the air quality,
13 they're not bombproof, so to speak.

14 Q So by testing like surface molds, it's very
15 challenging from your experience to be able to tell what
16 exactly is in that sample?

17 A The reason is I think you have to do a lot of
18 samples to find it. Or like the air, where they do an air
19 quality test ten minutes, versus the person is living
20 there 24 hours a day, they're often not fully adequate.
21 Although the standard, they don't show the picture.

22 You actually find the problem more with the
23 client, the patient. It shows up more than in the
24 environment because they're there 12, 24 hours a day.

25 Q Okay. I understand that. So -- And I guess I

Melanie Ram (03027548)



GroupHealth.

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

| Date | Time | Department | Provider |
|------------|---------|---------------------|-------------------------|
| 10/28/2016 | 9:40 AM | SIL FAMILY PRACTICE | Christine A Lomotan, MD |

If you have questions or need further information, call this department at 360-307-7300 or send a secure message to your provider.

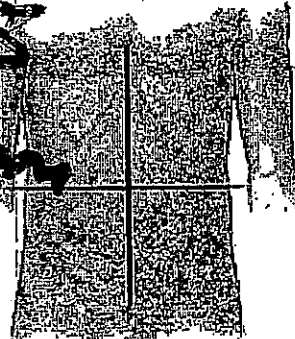
Patient Instructions

Take the prilosec before breakfast On an empty stomach.
Follow up with gastroenterology

Abdominal Pain: Care Instructions

Your Care Instructions

Feb 8
2:30 PM
11



© Healthwise, Incorporated

Abdominal pain has many possible causes. Some aren't serious and get better on their own in a few days. Others need more testing and treatment. If your pain continues or gets worse, you need to be rechecked and may need more tests to find out what is wrong. You may need surgery to correct the problem.

Don't ignore new symptoms, such as fever, nausea and vomiting, urination problems, pain that gets worse, and dizziness. These may be signs of a more serious problem.

Your doctor may have recommended a follow-up visit in the next 8 to 12 hours. If you are not getting better, you may need more tests or treatment.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or

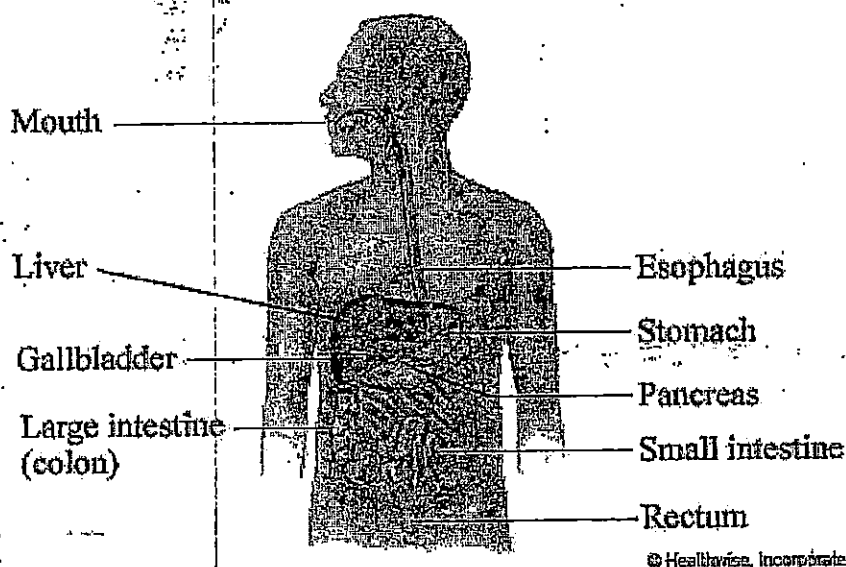
Visit Information (continued)

Patient Instructions (continued)

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Content Version: 10.9.538570; Current as of: May 22, 2015

Lower Gastrointestinal Bleeding: Care Instructions

Your Care Instructions



The digestive or gastrointestinal tract goes from the mouth to the anus. It is often called the GI tract. Bleeding in the lower GI tract can happen anywhere in your small or large intestine. It can also happen in your rectum or anus. In some cases, it is caused by an infection, cancer, or inflammatory bowel disease. Or it may be caused by hemorrhoids, diverticulitis, or clotting problems.

Light bleeding may not cause any symptoms at first. But if you continue to bleed for a while, you may feel very weak or tired.

Sudden, heavy bleeding means you need to see a doctor right away. This kind of bleeding can be very dangerous. But it can usually be cured or controlled. The doctor may do some tests to find the cause of your bleeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Be safe with medicines. Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine. You will get more details on the specific

Visit Information (continued)

PCP and Location (continued)

Vitals

| | | | | | | |
|----------------|-------|------------------------------|--------------|-------------------|-----------------|----------|
| Blood Pressure | Pulse | Temperature | Respirations | Weight | Body Mass Index | Oxygen % |
| 82/54 | 84 | 98.4 °F (36.9 °C) (Temporal) | 16 | 110 lb (49.90 kg) | 18.88 | 100% |

Reason for Visit

Dizziness
Rectal Problems
Abdominal Discomfort

Allergies as of 10/28/2016

No Known Allergies

Diagnoses

| | Codes | Comments |
|---------------------------|--------|----------|
| Rectal bleeding - Primary | K62.5 | |
| Weakness | R53.1 | |
| Pain of upper abdomen | R10.10 | |

Goals (2 Years of Data) as of 10/28/2016 at 12:01 PM

None

Patient Information and Follow-up

Visit MyGroupHealth

In the next day or two, your provider's clinic note from today will be added to the After Visit Summary visible on MyGroupHealth.

Medications Ordered This Visit

Non-Prescription - May purchase in the pharmacy or from anywhere they are sold

omeprazole magnesium (PRILOSEC OTC) 20 mg delayed release capsule Take 1 capsule (20 mg) by mouth daily

Referral Appointments Ordered This Visit

To Schedule

REF GASTROENTEROLOGY [99201.114 Custom]

Scheduling Instructions:

Your provider is requesting a referral to a specialist outside of Group Health. Please bring your printed AVS with you to this visit as it provides the specialist with a valuable summary of care record.

Please wait to make any appointments with this specialist until you receive a referral letter in the mail (usually 7-14 business days).

If you have not received a referral letter in the mail after 14 business days, please call Customer Service at 1-888-901-4636.

Test Results (continued)

Results From Your Visit (continued)

| Procedure | Component | Value | Ref Range | Date/Time |
|-----------|---|----------|-----------------|-----------|
| | AMERICAN GFR – NON- AFRICAN AMERICAN | above 60 | 60 - 100 ML/MIN | |

Health Reminders

Health Maintenance

Please contact your primary clinic to receive recommended immunizations as soon as possible

- A flu shot to protect against the flu virus.

Quitting Tobacco

Quitting tobacco is one of the best things you can do for your health. Helping you successfully quit tobacco is a Group Health priority.

Most people need help taking steps toward being tobacco-free and for many, it takes several tries to quit for good. Programs to help you quit are available to qualifying Group Health Cooperative and Group Health Options, Inc. members as part of their coverage agreement.

If you are thinking about quitting, we recommend the Quit For Life® Program. This program offers resources to help you through the process of quitting and remaining tobacco-free, including:

- Individual phone counseling
- Preparing a personalized quit plan
- Managing withdrawal symptoms
- Deciding if nicotine gum, patches, or prescription medications are right for you

To register for Quit For Life, call 1-800-462-5327.

Find out more about Quit For Life and other resources that can help you quit tobacco:

<http://www.ghc.org/healthAndWellness/index.jhtml?item=/common/healthAndWellness/healthyLiving/lifestyle/tobacco.html>

If you have questions about coverage for the program or nicotine replacement products, please call Customer Service at 1-888-901-4636.

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

| | |
|--|---------------------------------------|
| omeprazole magnesium (PRILOSEC OTC) 20-mg delayed release capsule | Take 1 capsule (20 mg) by mouth daily |
|--|---------------------------------------|

Health Profile

Remember to fill out a Health Profile every year (if you've scheduled a routine preventive care visit, you will need to complete your Health Profile before your visit). You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year.

**GroupHealth.**

GROUP HEALTH COOPERATIVE

AMB 2 RS

PO BOX 34589, SEATTLE WA 98124-1585

IMPORTANT PLAN INFORMATION



MELANIE RAM
1900 NAVAL AVE
50
BREMERTON WA 98312

November 02, 2016

Patient ID : 03027548

Patient DOB : 01/24/78

Reference : 16555770

Group Number : 6266700

Group Name : SOUND HEALTH & WELLN
-ESSReferred by :
CHRISTINE A. LOMOTAN

Dear Patient:

The request for coverage of the service below is approved.

Specialty: GASTROENTEROLOGY

Service: 99214 Doctor's office visit, long
Office visit, minor lab, x-ray, office procedures

Start date: 10/31/16

End date: 10/31/17

Quantity: 3

Referring diagnosis: K625 Bleeding of rectum and anus

Approved Provider: NARENDRA SIDDIAIAH
DIGESTIVE DISEASE & ENDOSCOPY
STE 221
3261 NW MT VINTAGE WAY
SILVERDALE WA 98383
360-479-1952

Notes:

Group Health may require approval, in advance, for any services not mentioned in this letter.

This approval is subject to all terms within your benefit booklet (certificate of coverage), such as benefit limits, out of pocket expenses, and eligibility for coverage. A copy of your benefit booklet (certificate of coverage) is available online at www.ghc.org.

If you have questions about this letter or your coverage, please call Customer Service toll-free at 1-888-901-4636 (TTY WA Relay: 1-800-833-6388; TTY ID Relay: 1-800-377-3529), or e-mail us at www.ghc.org/customerservice.

cc: DIGESTIVE DISEASE & ENDOSCOPY
CHRISTINE A. LOMOTAN #

RMLAU01P

Page 1 of 2

*Called Feb 8th
at 3:30
2nd floor building
south*

*1002
Airport way
south
Seattle
400 + 800
rear break packs
1888 531-7528*

Nov 21st

*Andrew Sean
Feld
360-415
9654
billing*

*Andrew Sean
Feld
206 326-3050*

*phone
gi: 206) 326-3050*

Silverdale 360 307 7304

mirand 360 479 1952

Melanie Ram (03027548)



GroupHealth.

Robin - Schedule.
206-326-3279

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

206 721 2583

Appointment Information

| Date | Time | Department | Provider |
|------------|---------|----------------------|----------------------|
| 02/08/2017 | 3:30 PM | CSC GASTROENTEROLOGY | Andrew Dean Feld, MD |

If you have questions or need further information, call this department at 206-326-3050 or send a secure message to your provider.

Patient Instructions

Ms. Ram,

Thank you for coming in today. It was nice to meet with you today. The gastroenterology problems we discussed today are rectal bleeding, mold exposure, and your symptoms. Go ahead with colonoscopy to check the source and type of rectal bleeding. Let's set up a referral to allergy regarding the mold exposure and your symptoms. We'll follow up after colonoscopy regarding next steps

Please have the following tests done for further evaluation and diagnosis:

- > Lab: No more lab currently needed
- >> Schedule: Colonoscopy

[Handwritten signature]

Treatment Plan:

- > Medication additions or changes: Pending evaluation and colonoscopy and by allergy
- > Follow up: email or phone call with results.
- > Let us know if you are not getting better.

When do I call my provider?

If you have questions, please call:

- Seattle 206-326-3050 or
- Bellevue 425-502-3425 option 3

Please call the Gastroenterology department or call the consulting nurse (if a weekend or holiday) if you have worsening of your symptoms or if you are not improving as expected.

For severe symptoms please go directly to Urgent Care or call 911.

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

| | | | |
|------------|---------|----------------------|----------------------|
| Date: | Time: | Department: | Provider: |
| 04/03/2017 | 3:00 PM | CSC GASTROENTEROLOGY | Andrew Dean Feld, MD |

If you have questions or need further information, call this department at 206-326-3050 or send a secure message to your provider.

Patient Instructions¹

Dear Melanie Ram,

Nice to see you

We have discussed your rectal bleeding

Today, the findings are:

1. a benign appearing rectal polyp was found and removed
2. the left colon the lining looks normal; biopsies were taken to investigate further
3. no hemorrhoids nor tears in the rectal area
4. no bleeding was seen today
5. we did not get to the right colon, since sedation medication was not given; but this area is less important as it is very unusual to cause bright red bleeding from the right colon.

Let's touch bases after the biopsy results:

I would get those by early next week

Thank you,

Andrew D. Feld MD JD

Fellow ACG AGA ASGE

Clinical Professor UW

Division of Gastroenterology, Kaiser Permanente

CARE INSTRUCTIONS FOLLOWING YOUR COLONOSCOPY:

Please return home and rest for the remainder of the day. You may resume your usual diet after you return home.

If you have received sedation for your procedure:

DO NOT drive or operate any machinery today.

DO NOT drink any alcoholic beverages today.

DO NOT sign any legal documents or make any critical decisions for 24 hours.

IF A POLYP WAS REMOVED, FOR 0 DAYS AFTER THE PROCEDURE:

1. Do not take aspirin or other aspirin-containing compounds.
2. Do not take other non-steroidal anti-inflammatory drugs such as Aleve, naproxyn, ibuprofen, Motrin, Advil, Nuprin, Pamprin, Sulindac, etc.

Following a colonoscopy:

1. You may have a feeling of fullness or cramping. Drinking warm liquids and walking around the house will help to relieve the discomfort.
2. You may see a small amount (2-4 tablespoons) of bright red bleeding from your rectum.
3. If we removed a polyp, we will call or send a letter with your polyp biopsy results about a week following



GroupHealth®

2/8/2017

Melanie Ram
1900 Naval Ave
50
Bremerton WA 98312

IMPORTANT INFORMATION FOR YOUR COLONOSCOPY PROCEDURE

Please make sure you have someone to take you home and stay with you for at least 2 hours after your colonoscopy. We will reschedule your procedure if you do not have someone to accompany you home.

If you need to cancel your procedure appointment you will need to do so 5 business days (7 weekdays) in advance to avoid a \$100 late cancellation fee. This fee will also apply if you do not arrive for the appointment.

How to Prepare for your Colonoscopy:

Please follow these directions carefully to make sure your bowel is clean.

Medications

Please continue to take all of your other prescription medications.

Diet and Prep



Three days before the procedure:

1. Stop taking anti-diarrhea medicine and fiber supplements.
2. Eat a **Low Fiber** diet as below

OK TO EAT these foods when on the low fiber diet:

- Meat and other protein such as chicken, turkey, fish and seafood, eggs
- Breads and starches: White bread, rolls, and biscuits, white rice, plain crackers, potatoes without the skin, low-fiber cereal such as puffed rice

PATHOLOGY SPECIMEN (PATHOLOGY SPECIMEN (INCLUDES NON-GYN CYTOLOGY)(GHC)) - Final result (04/03/2017

3:42 PM PDT)

| Component | Value | Ref Range | Performed At | Pathologist Signature |
|----------------------------|--|-----------|-----------------------------|-----------------------|
| DIAGNOSIS | A) COLON, LEFT, RANDOM BIOPSIES: NO HISTOPATHOLOGIC ABNORMALITIES, NO EVIDENCE OF ACTIVE COLITIS. B) RECTUM, BIOPSY: HYPERPLASTIC POLYP. PATHOLOGIST: Glasner MD, Steven Electronically Signed: 04/05/2017 | | GHC CENTRAL HOSPITAL LAB | |
| SOURCE | A) A=Random L Colon B) B= Rectum | | GHC CENTRAL HOSPITAL LAB | |
| PRE-OPERATIVE DIAGNOSIS | Rectal bleeding | | GHC CENTRAL HOSPITAL LAB | |
| SPECIMEN DESCRIPTION | A) Received in a container labeled with the patient's name designated "random left colon" are three soft tissue fragments, 0.3 to 0.5 cm. AE/(3). B) Received in a container labeled with the patient's name designated "rectum" are two soft tissue fragments, 0.4 and 0.5 cm. AE/(2). | | GHC CENTRAL HOSPITAL LAB | |
| MICROSCOPIC EXAMINATION | Sections examined. | | GHC CENTRAL HOSPITAL LAB | |

Specimen

OTHER PLEASE COMMENT

| Performing Organization | Address | City/State/Zipcode | Phone Number |
|--|----------------|--------------------|--------------|
| KAISER PERMANENTE WA CAPITOL HILL LAB | 125 16th Ave E | Seattle, WA 98122 | 206-326-3366 |
| GHC CENTRAL HOSPITAL LAB | 125 16th Ave E | Seattle, WA 98122 | 206-326-3366 |

RAST (RAST (GHC)) - Final result (02/16/2017 9:49 AM PST)

| Component | Value | Ref Range | Performed At | Pathologist Signature |
|----------------------------|--|-----------|---------------------------|-----------------------|
| RAST (PHARMACIA CAP) | See Comment: Comment: See Scanned Report for additional information. INTERPRETATION FOR PHARMACIA CAP RAST IGE (KU/L) ----- ----- Specific Level of Allergen IGE Class ku/L Specific IGE Antibody ----- ----- | KU/L | QUEST DIAG. - METRO LA | |

Prevacid (Lansoprazole), Aciphex
(Rabeprazole),
Protonix (Pantoprazole), Nexium
(Esomeprazole).

Specimen

STOOL

| Performing Organization | Address | City/State/Zipcode | Phone Number |
|--|---------------------------------|-----------------------|--------------|
| KAISER PERMANENTE WA REGIONAL REFERENCE LAB | 2921 Naches Ave SW, PO Box 9009 | RENTON, WA 98057-9009 | |

PATHOLOGY SPECIMEN (PATHOLOGY SPECIMEN (INCLUDES NON-GYN CYTOLOGY)(GHC)) - Final result (10/02/2018
3:31 PM PDT)

| Component | Value | Ref Range | Performed At | Pathologist Signature |
|----------------------------|---|-----------|---|-----------------------|
| DIAGNOSIS | <p>A) ESOPHAGUS, BIOPSY: STRIPS OF BENIGN SQUAMOUS MUCOSA; NO EVIDENCE OF EOSINOPHILIC ESOPHAGITIS OR GLANDULAR MUCOSA IDENTIFIED.</p> <p>B) STOMACH, BIOPSY: 1. ACTIVE CHRONIC SUPERFICIAL GASTRITIS WITH NUMEROUS MICROORGANISMS COMPATIBLE WITH HELICOBACTER PYLORI IDENTIFIED. 2. NO INTESTINAL METAPLASIA, GLANDULAR DYSPLASIA OR CARCINOMA IDENTIFIED.</p> <p>C) DUODENUM, BIOPSY: NO VILLOUS BLUNTING OR SIGNIFICANT INFLAMMATION IDENTIFIED.</p> <p>D) TERMINAL ILEUM, BIOPSY: BENIGN SMALL BOWEL MUCOSA.</p> <p>E) COLON, RANDOM BIOPSIES: NO EVIDENCE OF ACUTE SELF-LIMITED, CHRONIC, LYMPHOCYTIC OR COLLAGENOUS COLITIS.</p> <p>PATHOLOGIST: Rose MD, Judy Electronically signed: 10/04/2018</p> | | KAISER PERMANENTE WA CAPITOL HILL LAB | |
| SOURCE | <p>A) A=Esophagus B) B=Gastric C) C=Duodenum D) D=T.I. E) E=Random Colon</p> | | KAISER PERMANENTE WA CAPITOL HILL LAB | |
| PRE-OPERATIVE DIAGNOSIS | Epigastric pain, BRBpr | | KAISER PERMANENTE WA CAPITOL HILL LAB | |
| SPECIMEN | A) Received in formalin labeled | | KAISER | |

Name: Melanie Ram | DOB: 1/24/1978 | MRN: 03027548 | PCP: Christopher Covert-Bowlds, MD

Medications

Prescriptions Ready for Pickup or Picked Up Recently

amoxicillin-clavulanate 875-125
mg tablet

clotrimazole 10 mg troche

Kaiser Perm WA Port Orchard Rx

1400 Pottery Road, Port Orchard WA 98366-
3768

360-895-5500

Please review your medications, and verify the list is up-to-date by clicking "Add" and "Remove" below. This information will be reviewed and updated in your chart at a future primary care visit. Remember to discuss these updates whenever you receive care.

Important: Anyone with parental access to your online medical record will be able to see medications you have asked to be added to your chart.

amoxicillin-clavulanate 875-125 mg tablet

Commonly known as: AUGMENTIN

Take 1 tablet by mouth 2 times daily for 10 days

Ready for pick up

No refills remaining

Prescription Details

Prescribed April 14, 2021

Approved by John P Rowland, MD

Prescription number 23903448-12

Pharmacy Details

Kaiser Perm WA Port Orchard Rx

1400 Pottery Road, Port Orchard WA 98366-3768

360-895-5500

Refill Details

Quantity 20 tablets

Next fill April 14, 2021

clotrimazole 10 mg troche

Commonly known as: MYCELEX

Dissolve 1 tablet (10 mg) on the tongue 5 times daily for 14 days

Ready for pick up

No refills remaining

Prescription Details

Prescribed April 14, 2021

Approved by John P Rowland, MD

Prescription number 23903449-12

Refill Details

Quantity 70 tablets

Next fill April 14, 2021

Pharmacy Details

Kaiser Perm WA Port Orchard Rx

1400 Pottery Road, Port Orchard WA 98366-3768

360-895-5500

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Accession: 21-24951

Phone: 425-284-1586

Fax: 1-425-284-4379

840 S 333rd St Federal Way, WA 98003
Tel: 1.800.878.3787 or 1.425.251.0596
CLIA License # 50D0630141

Received: 7/20/2021

Completed: 7/27/2021

Reported: 7/27/2021

NW CENTER FOR ENVIRO MED
David Buscher, MD
8195 166TH AVE NE #101
REDMOND, WA 98052

Results For: RAM, MELANIE

Age: 43 DOB: 1/24/1978

Sex: F

Patient's Tel: 1-253-649-3024

Ref. ID:

Specimen Collected: 7/19/2021

| Code | Test Name | Result/Notes | Reference Values/Key |
|--------|---|--|--|
| GI-02C | Expanded GI Panel with Calprotectin | | |
| GP2 | Ova and parasites, two samples, pooled (stool) | Yeast - many No Ova or Parasites detected | Expected Findings: - No Ova or Parasites detected - No RBCs or WBCs - Yeast: none, rare, or few |
| | In some cases, yeast is identified on microscopic exam but not on culture (CS1), indicating the yeast in the sample is non-viable. Non-viable yeast may be present due to transport conditions, dietary factors and supplements, and bacterial competition for resources in the stool. | | |
| CS1 | Stool culture for yeast | No yeast isolated | +1=Scant +2=Light +3=Moderate +4=Heavy |
| GP3 | Bacterial stool culture | Heavy growth mixed Gram negative flora. Heavy growth mixed Gram positive flora. Mixed Flora consists predominantly of: Proteus mirabilis - heavy growth Nontoxigenic E. coli - heavy growth Enterococcus avium - heavy growth Streptococcus oralis - heavy growth No Salmonella, Shigella, or E coli O157 isolated No Yersinia, Vibrio, or Aeromonas isolated No Pseudomonas isolated | Expected Findings: - Moderate to heavy growth of mixed Gram (+) & (-) flora - No pathogens should be detected. |
| | Mixed flora results may consist of beneficial, commensal, and/or opportunistic microbial species. These categories are not distinct and may overlap. Always take results in context of clinical presentation and case history. Please note: As of January 19th 2013, stool cultures are performed utilizing the MALDI TOF Mass Spectrometer which has not been cleared by the US Food and Drug Administration. All CLIA required performance specifications for a lab developed test have been validated by DTI and found to be in compliance. | | |
| GP3CA | Campylobacter antigen (stool) | Negative | Normal: Negative |
| GP3ST | Shiga toxin (stool) | Negative | Normal: Negative |
| GP3CD | C. difficile toxins A and B (stool) | Negative | Normal: Negative |
| GP4 | Giardia lamblia antigen (stool) | Negative | Normal: Negative |
| GP5 | Cryptosporidium antigen (stool) | Negative | Normal: Negative |

Name: Melanie Ram. | DOB: 1/24/1978 | MRN: 03027548 | PCP: Christopher Covert-Bowlds, MD

Ulocladium

William K Butler, MD

All messages have been loaded.

William K Butler, MD 11/6/2020, 12:41 PM

Ms. Ram,

I've taken the time to read your e-mail threads, review my notes, and reflect on our 2017 visit.

First, let me apologize, as I obviously did not meet your expectations - and for that I am truly sorry. Patient confusion or anger is certainly not what I want from a patient-physician encounter. So please let me try to answer your questions and summarize my thoughts.

You need not reply, as this will be the last time I respond, for I will have nothing more to offer.

Though it has been 3 years since we met, I can still recall going through the medical literature to see if there were any reports of Ulocladium causing allergy. I searched Pub Med (an extensive database that compiles all of the published references and abstracts on biomedical topics) and found no articles that addressed Ulocladium as a cause for allergy. However, a Google review did have reports that incriminated Ulocladium as a cause of asthma, allergic rhinitis and hypersensitivity pneumonitis. Therefore, the term "anecdotal evidence" - evidence not supported by data - refers to the fact that Ulocladium allergy was said to exist but this existence had not been published in a peer-reviewed medical journal.

I reviewed the literature once again, and I can now find one report that compares Ulocladium reactivity to Alternaria reactivity. And these researchers did use skin testing in order to compare the two fungal species.

It may be of interest to you that:

1. They used raw materials for testing collected from the environment; however, they applied this material only after they were processed as follows: homogenization and subsequent extraction in Coca buffer, under magnetic agitation at 4°C for 5 hours. The soluble fractions were

centrifuged at 8,400 g×30 minutes. at 4°C. The supernatants were subjected to filtration, dialysis (7,000 Da), and subsequent lyophilization.

2. More importantly, they found 100% correlation between Alternaria and Ulocladium skin test reactivity.

Therefore, as I mentioned in my 2017 note, the fact that we did test you to Alternaria and you were negative, indicates with high reliability that if we had an available extract for Ulocladium, you would most likely have tested negative to that as well. (And your subsequent negative Ulocladium specific IgE blood test supports this assumption).

To further address your requests, I cannot provide you "evidence" showing that I "actually discussed not applying the mold" to your wrist, because my notes do not reflect our conversation regarding your sample - it is difficult to document every detail of a lengthy patient interview. However, had I anticipated your ongoing frustration I would surely have done so. I am actually surprised at your ongoing reaction to our visit, as I don't recall the anger that is now reflected in your e-mails. So to answer your question, I can only reiterate what I most likely told you...since over the years my views have not changed.

1. I always discourage initiating a test that has no clinical value and which might be either wrong or misleading.
 - A positive skin test to a sample collected from a home might include not only a mold, but also animal dander or dustmite, either of which could cause a reaction - so a positive test would not have "proven" a mold allergy.
 - A positive test to a mold could very easily represent a "false positive" test because mold extracts notoriously cause "irritant reactions" (from enzymes inflaming the skin) which can mimic "allergic reactions" (IgE based immune reactions).
 - One way to determine if a reaction is due to irritation is to inject that same extract into 3 other asymptomatic individuals to see if they also have a reaction - and for obvious reasons I would not ask someone to submit to such a test.
2. I do not inject a potentially contaminated source (bacterial or fungal) into the skin for fear of causing an infection - never have and never will.
3. And I also do not inject a household sample because of concerns that it could be contaminated with human epithelium which could

potentially transmit human disease.

- Years ago, we used to test for "house dust" collected from dusty homes - but we long ago abandoned this practice when we realized that such testing was of no value, since it 1) could not isolate the culprit antigen, and 2) carried the risk of inadvertently injecting human epithelium.

So again let me sincerely apologize for not meeting your expectations, but I hope this e-mail will have at least answered your questions, provided you with some insight into my reasoning and explained my decision why I did not use your mold sample for skin testing.

Wishing you well,

William K. Butler, MD

Showing 1 of 1

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Name: Melanie Ram | DOB: 1/24/1978 | MRN: 03027548 | PCP: Christopher Covert-Bowlds, MD

Other

Howard Alan Krouse, MD

All messages have been loaded.

You 09/3/2019, 12:22 PM

It's all right Dr. Krouse. It has been a source of great anxiety dealing with group health and it's allergy department. I think I'm ready to lighten my load up and deal with it on my own. Please disregard my last email.

Best Wishes,
Melanie

Showing 1 of 1

Please allow up to 48 hours for a reply.

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Name: Melanie Ram | DOB: 1/24/1978 | MRN: 03027548 | PCP: Christopher Covert-Bowlds, MD

Letter Details



6/23/2020

No Recipients
MRN: 03027548

TO Whom It May Concern,

Melanie Ram has been seen in our allergy clinic in the past. She has had some past concerns for possible mold allergies. She feels that contact with a mold in or around her home has provoked an allergic response. She is requesting skin testing to this mold should she be able to procure a sample. I have informed her that we would be willing to skin test her to this specific mold product if she is able to bring it into the clinic. This skin testing may aid us in furthering our evaluation into her mold concerns.

Sincerely,

Mark Howard Tucker, MD

cc:
No Recipients

This letter was initially viewed by Melanie Ram at 6/26/2020 11:49 AM.

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RELEASE OF
INFORMATION
GNE-D1N-02, PO Box 9812
Renton WA 98057-9054
Medical Encounter Report

Ram, Melanie
MRN: 03027548, DOB: 1/24/1978, Sex: F
Visit date: 9/25/2017

All Notes (continued)

Progress Notes by Burina, Zlatko, LPN at 9/25/2017 1:30 PM (continued)

Author: Burina, Zlatko, LPN

Service: —

Author Type: Licensed Practical Nurse

Filed: 9/26/2017 9:44 AM

Encounter Date: 9/25/2017

Status: Addendum

Editor: Burina, Zlatko, LPN (Licensed Practical Nurse)

Related Notes: Original Note by Burina, Zlatko, LPN (Licensed Practical Nurse) filed at 9/25/2017 4:14 PM

Alerts, allergies and current medications were reviewed with the patient; provider to verify.
Patient's pharmacy benefit was verified and preferred pharmacy was selected.
Skin tests, pricks done with sample of mold that patient brought to appointment and two controls.
Spirometry done.

Electronically signed by Burina, Zlatko, LPN at 9/26/2017 9:44 AM

Progress Notes by Krouse, Howard Alan, MD at 9/25/2017 1:36 PM

Author: Krouse, Howard Alan, MD

Service: —

Author Type: Physician

Filed: 9/25/2017 4:14 PM

Encounter Date: 9/25/2017

Status: Signed

Editor: Krouse, Howard Alan, MD (Physician)

ASSESSMENT:

- (R06.02) Shortness of breath (primary encounter diagnosis)
- (R09.81) Nasal congestion
- (F17.200) Current smoker
- (Z77.120) Exposure to mold

Comment: She has no evidence of IgE mediated sensitivity to common environmental allergens, including molds. Skin test with the mold of the concern was also negative. She continues to smoke cigarettes, which is probably contributing to some of the nasal congestion, cough and chest congestion, but are clear description of cause of the breathless episodes 6 months ago it is not obvious.

PLAN:

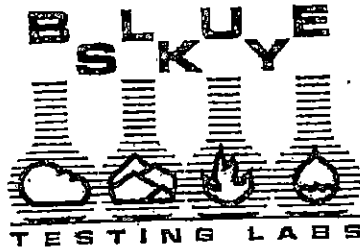
1. Allergy skin tests were reviewed, and the lack of evidence of allergic cause for symptoms discussed.
2. we discussed possible causes of rhinitis and chest congestion, including smoking. She was encouraged to discontinue smoking
3. no specific medical therapy is required at this time
4. check back in Allergy clinic for increased symptoms of breathlessness.
5. More than 50% of 45 minute appointment spent in counseling and coordination of care.

H. Alan Krouse, MD
Allergy and Asthma

#####

Reason for visit: Consult request by patient to evaluate as second opinion concerning mold allergy

HISTORY: Melanie Ram is a 39 year old female who comes in to reevaluate the sequence of symptoms that started earlier this year. She had lived in an apartment for about 8 or 9 months. Several months prior to leaving the apartment, she began having some difficulty with swallowing. She has difficulty describing the



Chemical Testing and Consulting - Indoor Air Quality Investigations

117003

INVOICE NUMBER

February 6, 2017

INVOICE DATE

PURCHASED BY

Melanie Ram
1900 Naval Av Apt#50
Bremerton, WA 98312

TESTED AT

1900 Naval Av Apt#50
Bremerton, WA 98312

YOUR ORDER NUMBER | OUR ORDER NUMBER | FEDERAL TAX ID # | TERMS: 2% PER MONTH AFTER
543-48-0168 10 DAYS

COMMENTS

DESCRIPTION

NUMBER

PRICE

Test Molds on surfaces with tape lift

1

80.00

TOTAL AMOUNT

80.00

LESS AMOUNT PAID

80.00

PAID IN FULL — THANK YOU

Richard Knights
Dr. Richard L. Knights, Ph.D., Analytical Chemistry, President (206)-721-2583
Blue Sky Testing Labs, 8655 - 39th Av S, Seattle, WA 98118-4517
blueskylab@pobox.com — www.inyourair.com



Chemical Testing and Consulting - Indoor Air Quality Investigations.

Melanie Ram
1900 Naval Av Apt#50
Bremerton, WA 98312

February 6, 2017

RESULTS OF INSPECTING AND TESTING FOR MOLD ON CEILING

Yesterday I received the sample you sent of black growth on your ceiling where rainwater had been leaking, to test for surface mold, because you were concerned about health.

CONCLUSIONS

- Yes, the dark material was mold growth, *Ulocladium* type.

TEST RESULTS

Mold was sampled by lifting with sticky tape from the ceiling. The sample was opened, and a piece was cut from a typical area. The sample was stained with lactophenol cotton blue, mounted on a glass slide, and analyzed by optical microscopy.

The growth of hyphae/threads and conidia/spores indicated:

- *Ulocladium* was the dominant type, which are common in very damp locations, and are brown to olive-blackish.

Richard Knights

**MOLD ADDENDUM**

Melanie Ram

Resident Name(s)

1900 Naval Avenue Apt: 314 50

Bremerton

WA

98312

Address

Port Washington Apartments

City

State

Zip

Building Name

2/1/2016

Date

To minimize the occurrence and growth of mold in the Leased Premises, Resident hereby agrees to the following:

1. Moisture Accumulation

Resident shall remove any visible moisture accumulation in or on the Leased Premises, including on walls, windows, floors, ceilings, and bathroom fixtures; mop up spills and thoroughly dry affected area as soon as possible after occurrence; use exhaust fans in kitchen and bathroom when necessary; and keep climate and moisture in the Leased Premises at reasonable levels.

2. Apartment Cleanliness

Resident shall clean and dust the Leased Premises regularly, and shall keep the Leased Premises, particularly kitchen and bath, clean.

3. Notification Of Management

Resident shall promptly notify management in writing of the presence of the following:

- A water leak, excessive moisture, or standing water inside the Leased Premises,
- A water leak, excessive moisture, or standing water in any community common area;
- Mold growth in or on the Leased Premises that persists after resident has tried several times to remove it with household cleaning solution such as Lysol or Pine-Sol disinfectants, Tilex Mildew Remover, or Clorox, or a combination of water and bleach;
- A malfunction in any part of the heating, air conditioning, or ventilation system in the Leased Premises.

4. Liability

Resident shall be liable to Owner for damages sustained to the Leased Premises or to Resident's person or property as a result of Resident's failure to comply with the terms of this Addendum.

5. Violation Of Addendum

Violation of the Addendum shall be deemed a material violation under the terms of the Lease, and Owner shall be entitled to exercise all rights and remedies it possesses against Resident at law or in equity.

ACKNOWLEDGMENT

In case of a conflict between the provisions of this Addendum and any other provisions of the Lease, the provisions of the Addendum shall govern. This MOLD ADDENDUM is incorporated into the lease executed or renewed on the date below written.

I/We agree to the addition of the provisions identified herein to our WA State Lease: Rental Agreement & Security Deposit Receipt

DATED this 1st day of February, 2016

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year just above written.

Port Washington Apt

OWNER/AGENT

RESIDENT

RESIDENT

RESIDENT

Formal legal advice and review is recommended for both Resident and Owner prior to execution and use of provided form.
RHA does not represent you a disclaimer of liability is made as to the consequences from use of this form.
© RHA 2012. For use by owner. RHA maintains only the representation is made as to the consequences from use of this form.

Revised 03/2010 | Revised 03/2010

SUBMIT

Port Washington 000083



Oyster Bay Inn & Suites - Bremerton
4412 Kitsap Way
Bremerton, WA 98312
(360) 377-5510
www.oysterbayinnbremerton.com
info@oysterbayinnbremerton.com
Printed: 2/9/2017 - 10:52am

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Page 1

MELANIE RAM Guest #71339
UNKNOWN
4821 36TH AVE NE
SEATTLE WA 981053009
USA

?

Room: 129 TWO QUEEN ROOM
Daily Rate: 69.99 + Tax
Check-in: 02/07/17 3:50pm Out: 02/10/17 Nights: 3 Guests: 1/0

| Charges | | | | | | Payment | | | | |
|----------|--------|-------|-------|-------|--------|---------|------|------|--------|---------|
| Date | Room | Phone | Misc. | Tax | Total | Credit | Cash | Bill | Total | Balance |
| 02/07/17 | 69.99 | 0.00 | 0.00 | 7.49 | 77.48 | 77.48VM | 0.00 | 0.00 | 77.48 | 0.00 |
| 02/08/17 | 69.99 | 0.00 | 0.00 | 7.49 | 77.48 | 77.48VM | 0.00 | 0.00 | 77.48 | 0.00 |
| 02/09/17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 77.48VM | 0.00 | 0.00 | 77.48 | -77.48 |
| Total | 209.97 | 0.00 | 0.00 | 22.47 | 232.44 | 232.44 | 0.00 | 0.00 | 232.44 | 0.00 |

(Taxes - LOCAL: \$4.62, STATE: \$13.65, LODGING: \$4.20)

Amount Tendered : \$0.00
Change : \$0.00

Check-out time: 11:00am Check-in time: 3:00pm

*** CREDIT CARD AUTHORIZATION DRAFT ***

02/09/17 10:49am
#####5541 Visa Exp. ####
Approval: 63507B

SALE TOTAL: \$100.00

X
I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

We hope you enjoyed your stay with us! Please let us know when we can make a future reservation for you by calling (360) 377-5510.

Exhibit My Body
page 1



4100 Fairway Drive, Ste 600
Carrollton, TX 75010
www.realtimelab.com

MYCOTOXIN PANEL REPORT FORM

06/11/2021

PATIENT INFORMATION

Patient: Melanie Ram
Patient Date of Birth: 01/24/1978
Patient Sex: F
Patient MRN: NA
Patient Email: NA

ORDER INFORMATION

Accession No: 247996
Reported On: 06/11/2021
Ordering Physician: David Buscher
Practice: Northwest Center for
Environmental Medicine
Address: 8195 166th Ave NE, Suite 101,
Redmond, WA 98052

SAMPLE INFORMATION

Date of Receipt: 06/07/2021
Time of Receipt: 16:25 CDT
Date of Collection: 06/03/2021
Time of Collection: 10:00 CDT
Specimen Type: Urine

LAB INFORMATION

Phone: 1-972-482-0419
Fax: 1-972-243-7759
Email: info@realtimelab.com
CLIA #: 45D1051736
CAP #: 7210193
Tax ID #: 0669342

Procedure Type: Semi-quantitative procedure by ELISA

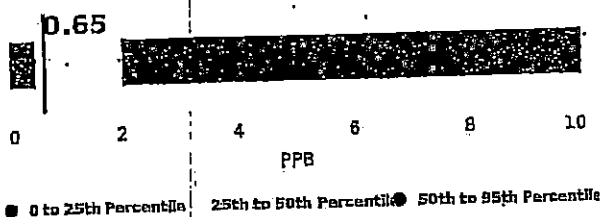
Ochratoxin A - Procedure by ELISA
Aflatoxin Group: (B1, B2, G1, G2) - Procedure by ELISA
Trichothecene Group (Macrocyclic): Roridin A, Roridin E, Roridin H, Roridin L-2,
Verrucarol A, Verrucarol J, Satratoxin G, Satratoxin H, Isosratoxin F -
Procedure by ELISA
Gliotoxin Derivative - Procedure by ELISA
Zearalenone - Procedure by ELISA

Results:

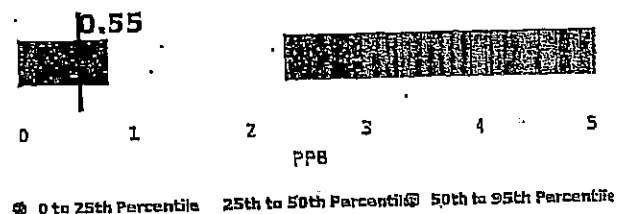
| Code | Test | Specimen | Value | Result | Not Present/less than | Equivalent between | Present/ greater than or equal to |
|-------|--|----------|-------------|-------------|-----------------------|--------------------|-----------------------------------|
| E8501 | Ochratoxin A | Urine | 0.65100 ppb | Not Present | 1.8 ppb | 1.8-2.0 ppb | 2.0 ppb |
| E8502 | Aflatoxin Group: (B1, B2, G1, G2) | Urine | 0.54900 ppb | Not Present | 0.8 ppb | 0.8-1.0 ppb | 1.0 ppb |
| E8503 | Trichothecene Group (Macrocyclic): Roridin A, Roridin E, Roridin H, Roridin L-2, Verrucarol A, Verrucarol J, Satratoxin G, Satratoxin H, Isosratoxin F | Urine | 0.12100 ppb | Present | 0.04 ppb | 0.04-0.08 ppb | 0.08 ppb |
| E8510 | Gliotoxin Derivative | Urine | 1.66700 ppb | Present | 0.5 ppb | 0.5-1.0 ppb | 1.0 ppb |
| E8512 | Zearalenone | Urine | 0.80300 ppb | Present | 0.5 ppb | 0.5-0.7 ppb | 0.7 ppb |

Comment: RealTime Lab has validated a new Trichothecene testing procedure. Effective 1/4/2021, all results are reported using the new procedure. Please note the new values for cutoff levels. If you have further questions, please contact our sales team at kts@realtimelab.com.

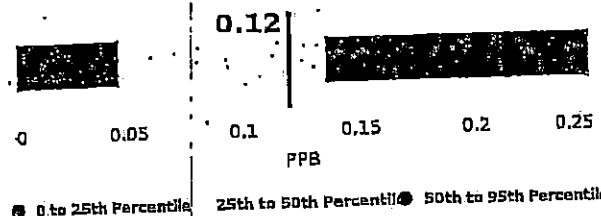
OCHRATOXIN



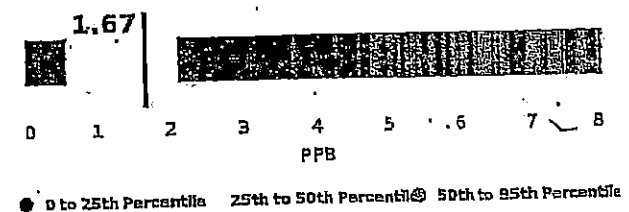
AFLATOXIN



TRICHOHECENE



GLIOTOXIN



My Body
Page 2

BRIEF EXPLANATION ON MYCOTOXIN PANEL

For any further question on the test report please schedule a consult with our medical staff at www.realtime-lab.com

| Mycotoxin | | Cellular Activity of Mycotoxin | Symptoms/Other | Association with a "Disease State" |
|---|-----------------|---|--|---|
| AFLATOXIN FAMILY —Organisms: <i>Aspergillus flavus</i> , <i>Aspergillus oryzae</i> , <i>Aspergillus fumigatus</i> , <i>Aspergillus parasiticus</i> Aflatoxins have been linked to liver cancer, hepatitis, cirrhosis, and other health issues | | | | |
| 1 | B1 | Blocks DNA and proteins | Shortness of breath, weight loss, most potent and highly carcinogenic. | Primarily attacks the liver, other organs include kidneys and lungs. |
| 2 | B2 | Inhibits DNA, RNA, and protein metabolism | Enters the body through the lungs, mucous membranes (nose and mouth), or the skin. | Affects the liver and kidneys. Less potent than B1. The order of toxicity is B1 greater than B1, greater than B2, greater than B2. |
| 3 | G1 | Adversely affects the immune system | A. B1 is second leading cause of invasive aspergillosis in immunocompromised patients. | Cancer, chronic hepatitis, and jaundice. Raye's Syndrome. |
| 4 | G2 | Immunesuppression | Mitochondrial damage. Aflatoxicosis in Humans and Animals. | Hepatitis, malnutrition, lung cancer. |
| OCERATOXIN A —Organisms: <i>Aspergillus ochraceus</i> , <i>Aspergillus niger</i> , and <i>Fusarium</i> species | | | | |
| 5 | Ochratoxin A | Interferes with cellular physiology, inhibits mitochondrial ATP production, and stimulates lipid peroxidation | A potent teratogen and immune—suppressor, 30—day LD50 in blood; indefinite existence Intra—cellular. | Kidney disease, cancer, infection of bladder. Nephrotoxic. Hepatotoxic. |
| TRICHOPECENE FAMILY (MACROCYCLIC) —Group D Organisms: <i>Stachybotrys chartarum</i> | | | | |
| 6 | Satratoxin G | DNA, RNA and protein synthesis, intracellular | Bleeding disorders, central nervous and peripheral nerve disorders. Most potent inhibitors of protein synthesis. | Wide range of GI problems, skin inflammation, vomiting and damage to blood producing cells. Highly toxic. |
| 7 | Satratoxin H | Inhibits protein synthesis | Found in damp or water—damaged environment. | Vision problems, GI problems, breathing issues. |
| 8 | Isosatratoxin F | Immunesuppression | Causes of health problems due to poor air quality. | Contributor to "sick building syndrome" |
| 9 | Roridin A | Nasal inflammation, excess mucus secretion, and damage to the olfactory system | Acute and chronic respiratory tract health problems. | Acute and chronic lung and nasal problems. |
| 10 | Roridin E | Disrupt the synthesis of DNA, RNA, and protein | Roridin E grows in moist indoor environments. | Can impact every cell in the body. |
| 11 | Roridin H | Inhibits protein synthesis | Grows well on many building materials subject to damp conditions. | Lymphoid necrosis and dysregulation of IgA production. |
| 12 | Roridin L-2 | Immunesuppression | Grows on wood—fiber, boards, ceiling tiles, water—damaged gypsum board, and HVAC ducts. | Easily airborne and inhaled by occupants of an infected building. |
| 13 | Verrucaridin A | Immunesuppression, nausea, vomiting, weight loss | Found mostly in damp environments. | One of the most toxic trichothecenes. |
| 14 | Verrucaridin J | Can easily cross cell membranes | Absorbed through the mouth and the skin. | Small enough to be airborne and easily inhaled. |
| GLIOTOXIN DERIVATIVE —Organisms: <i>Aspergillus fumigatus</i> , <i>Aspergillus terreus</i> , <i>Aspergillus niger</i> , <i>Aspergillus flavus</i> | | | | |
| 15 | Gliotoxin | Attacks intracellular function in immune system | Lung disorders, brain dysfunction, bone marrow dysfunction. | Immune dysfunction disorders, Aspergillosis, association with tumors of brain, lung. |
| Zearalenone —Organisms: <i>Fusarium graminearum</i> , <i>Fusarium culmorum</i> , <i>Fusarium cerealis</i> , <i>Fusarium equiseti</i> , <i>Fusarium verticillioides</i> , <i>Fusarium incarnuatum</i> | | | | |
| 16 | Zearalenone | Estrogen mimic | Enters the body through the lungs, mucous membranes, or the skin | Can lead to reproductive issues such as low sperm count, inability to ovulate, spontaneous abortions. May lead to early puberty in girls. |

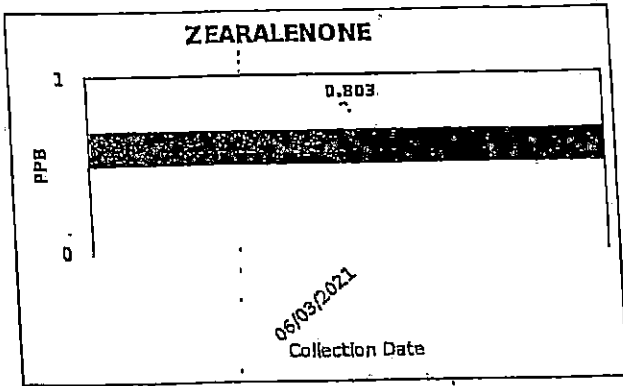
References: <https://realtime-lab.com/gliotoxin/>; <https://realtime-lab.com/aflatoxins/>; <https://realtime-lab.com/trichothecenes/>; <https://realtime-lab.com/ochratoxin/>; <https://realtime-lab.com/molds/>

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CAP #7210193 OLA #4501051726

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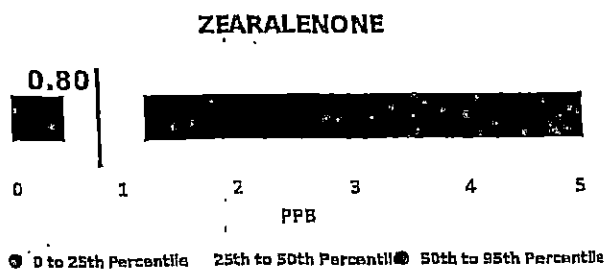
144 Bode 1
Page 3



Results Summary:

| Accession No. | Collection Date | Ochra Result | Alfa Result | Tricho Result | Gliotoxin Result | Zearalenone Result |
|---------------|-----------------|-----------------------|-----------------------|-------------------|-------------------|--------------------|
| 247996 | 06/03/2021 | 0.65100 - Not Present | 0.54900 - Not Present | 0.12100 - Present | 1.66700 - Present | 0.80300 - Present |

Page 4
My Body

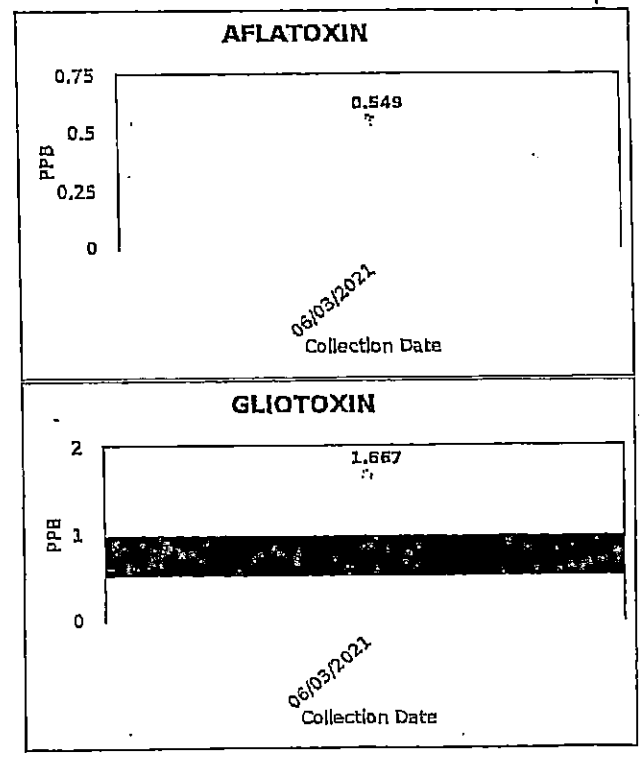
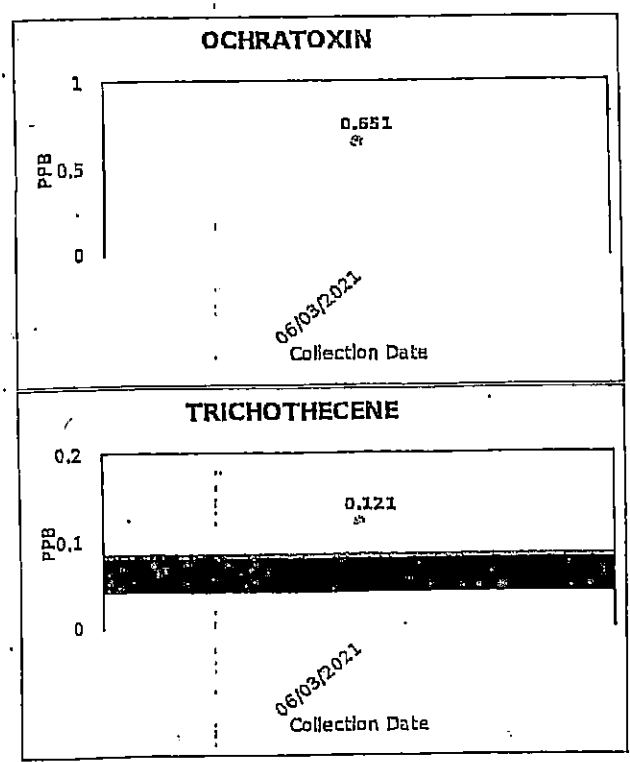


Shen Ayas

Director or Designee Signature _____

Tests such as this should be used only in conjunction with other medically established diagnostic elements (e.g., symptoms, history, clinical impressions, results from other tests, etc). Physicians should use all the information available to them to diagnose and determine appropriate treatment for their patients.
Disclaimer: This test was developed and its performance characteristics determined by RealTime Lab. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Historical Results:



The hard flooring was
rotting. The toilet must have
been leaking for a long time.
1st apartment



Apartment 122

EXHIBIT 3 page 1: SUICIDE

BREMERTON POLICE DEPT INCIDENT/INVESTIGATION REPORT

Dispatched: 12:59
Arrived: 13:08
Cleared: 14:51

☐ Arrest Made/Citation issued

Date/Time Reported: 01/18/2019 12:55

ORI: WA0180100

Case Number: B19-000454

Incident Information

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

| | | | |
|--|---|---|-----------------------------------|
| Date/Time Reported 01/18/2019 12:55 | Date/Time Occurred From 01/18/2019 12:55 | Date/Time Occurred To 01/18/2019 12:55 | Officer (417) ROESSEL, DAHLE L |
| Incident Location 1900 NAVAL AVE, BREMERTON, WA | | | |

Charges/Incident Title

| | | | | |
|----------------------------|--|-----------------|---|---|
| Charge Type 1 | Description SUICIDE (ATTEMPT OR THREAT) | Statute NONE | UCR 999 | <input type="checkbox"/> Att <input checked="" type="checkbox"/> Com |
| State | | | | |
| Location Type RESIDENCE | Entry | Exit | Forced Entry <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Criminal Activity | Weapons | | | |

Other Persons Involved

| | | | | | |
|---|---|--|----------|-------------------|-----------|
| Name Code Reporting Party | Name (Last, First, M) DECK, RICHARD | Race W | Sex M | DOB 05/15/1955 | Age 63 |
| Address 3442 ANDERSON RD SE, PORT ORCHARD, WA 98366 | | Home (360) 271-1238 | | | |
| Employer Name/Address 1900 NAVAL AVE | | Work Cell | | | |
| Name Code Deceased | Name (Last, First, M) LOPEZ, ERNEST JOSEPH | Race W | Sex M | DOB 04/26/1961 | Age 57 |
| Address 1900 NAVAL AVE APT. 321, BREMERTON, WA 98312 | | Home (360) 373-4787 | | | |
| Employer Name/Address | | Work (000) 000-0000 Cell (360) 627-9635 | | | |

DECEASED

SCANNED

| | | | | | | |
|------------------------------------|----------------------------|----------------|--------------|--------------|-------------|-------------|
| Officer: (417) ROESSEL, DAHLE L | SUPERVISOR: [Signature] | INFO: ONLY: | FUP: DET: | FUP: LINE | PROSECUTOR: | JAN 22 2019 |
| BY: [Signature] | | | | | | |

exhibit 3 page 4

BREMERTON POLICE DEPT INCIDENT/INVESTIGATION REPORT

Dispatched: 12:59
Arrived: 13:08
Cleared: 14:51

☐ Arrest Made/Citation Issued

Date/Time Reported: 01/18/2019 12:55

ORI: WA0180100

Case Number: B19-000454

Notes/Narrative

INFORMATION/VENUE:

On 01/18/19 at approximately 1255 hours CenCom dispatched a report of discovered deceased person in apartment 321 at 1900 Naval Avenue. The caller reported a male was found hanging in a closet. Medical aid was en route.

I arrived and spoke with Bremerton Fire Station #1 medics Dragovich and McKinney. They advised the male was inside hanging in the closet. He had been pronounced dead and appeared as if he had been dead for several days.

I spoke with the apartment manager Richard Deck. He advised Ernest J. Lopez lived alone in the apartment. He has spoken to "Wes" in apartment #101, who had grown concerned about Ernest. He advised Ernest had owed "Wes" \$40.00 for several days. Ernest was known to always pay his debts, so this was very out of character. No one has seen Ernest for several days.

Richard knocked on the doors and windows of the apartment and received no answer. To perform a welfare check on Ernest, Richard had to disassemble the lock to the secure screen door in able to access the locked door. He used a pass key to enter, and discovered Ernest hanging in the closet. He was cold to the touch. He called 911.

Richard said Ernest was an alcoholic and often gets depressed when he drinks.

I called Detective Sergeant Sargent and advised him of the detail. Detective Garland arrived and evaluated the scene.

Nothing appeared out of place or suspicious. Ernest was hanging by a rope from a rod in the bedroom closet. He was in a crouched position. The home was tidy. An unopened dish of pasta was on the kitchen counter and numerous empty cans of high alcohol content beer cans were in the garbage. Lopez was identified by his driver's license that was on a shelf near the front door.

I photographed the area. Deputy Coroners Halsted and Taylor arrived and completed the detail.

DISPOSITION:

Report for information.

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(Signature, Date) 01/18/19
BREMERTON, WA

Exhibit 2 P2 Incident / Investigation Report

OCA: B08-005676

Bremerton Police Dept

| | | | | | | | | | | |
|--|---|----------------------------|-------------------|-----------|------------|-----|--|--|--|--|
| CODES: DB-Deceased, DR-Driver, MN-Mentioned, MP-Missing Person, OT-Other, OW-Owner, PA-Passenger, PT-Parent/Guardian, RA-Runaway, RO-Registered Owner, RP-Reporting Party, VI-Victim | | | | | | | | | | |
| O T H E R S I N V O L V E D | Code | Name (Last, First, Middle) | Victim of Crime # | Age / DOB | Race | Sex | | | | |
| | DEI | France, Krishna | | 37 | W | F | | | | |
| | Home Address | | Home Phone | | Cell Phone | | | | | |
| | 1900 Naval Avenue Apt. 314, Bremerton, WA 98312 | | | | | | | | | |
| | Employer Name/Address | | Business Phone | | | | | | | |
| | Silverdale Motel | | (360) 698-1000 | | | | | | | |
| N A R R T I V E | Code | Name (Last, First, Middle) | Victim of Crime # | Age / DOB | Race | Sex | | | | |
| | | | | | | | | | | |
| | Home Address | | Home Phone | | Cell Phone | | | | | |
| | | | | | | | | | | |
| | Employer Name/Address | | Business Phone | | | | | | | |
| | | | | | | | | | | |

05-20-08 @ approx. 0852 Hrs., CanCom advised of a Possible Overdose @ 1900 Naval Ave. Apt. #314.

I responded along with Officers Clevenger and Brandon. While en route, I heard Ofc. Clevenger was performing CPR. I arrived along with BFD Aid.

Approx. 0900 Hrs., BFD Medic Rich Railsback confirmed the victim, ID as FRANCIS, was deceased.

The victim was in a bedroom on the south side of the apartment. She was on her back, laying on a bed. She was fully clothed. There were no signs of trauma on the victim. The victim had purging coming from her mouth and nose.

Sgt. Olson and Detectives were advsied of this matter. Ofc. Clevenger photographed the scene.

Detectives Vertefuille and R. Davis responded. KC Dep. Coroner A. Davis #1603 also responded.

A male, ID as WATSON, was present and said he is FRANCIS' boyfriend of two (2) weeks. He said FRANCIS had medical problems and that she takes several medications. WATSON said FRANCIS had been sick for the past few days and he had gotten cold medicine for her last night. WATSON said FRANCIS had drank beer last night and that they had both smoked marijuana last night.

WATSON said they had went to bed last night and that FRANCIS was snoring very loudly. WATSON said he left the bedroom and slept on the couch. WATSON said he got up this morning and went to wake FRANCIS and found she was not responsive. WATSON said he left the apartment and called 911 on a neighbors cell phone.

After the investigation at the scene, I assisted in removing the victim from the residence.

Disposition: Report to Detectives.
Death Scene checklist attatched.

[Signature]

Page 12
SUPPLEMENTAL REPORT

OCA B08005676

Bremerton Police Dept

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I asked Watson to tell me about his relationship with France. He stated that he met her approximately two weeks ago via mutual friends and had subsequently moved in with her. He stated they did have a boyfriend/girlfriend relationship and that she was a heavy smoker, drank a lot, and had numerous health problems, one of which he thought was diabetes. He was not sure as he does not know her that well. He stated she has been sick for a couple of days and that he went and bought some Alka Seltzer Cold Plus for her to take. In the kitchen of the residence I observed a bottle of Pepto Bismal that was half empty. He stated she had been sick for a while but didn't seem to be that sick. He stated they had friends over last night at approximately 1800. He stated they were relatives of hers and that she had met her nephew for the first time.

He stated everybody left at about 2200 hours, and they went to bed sometime between 2300 to midnight. He stated that because she is sick and she snores real loud, he slept on the couch in the front room. He stated she snores so loud that it keeps him awake so he got up.

I asked him about the narcotics pipe found in the bedroom. He stated they had smoked a bowl to two bowls of marijuana last night before going to bed and they drank some beer and rum. He stated when she went to bed, he played on the internet for a while and then went to sleep on the couch. He stated he got up about 8:30 or 8:40 this morning, somewhere in that timeframe, and went to wake her up however she would not respond. He stated that he yelled at her to wake up and shook her but she wouldn't wake up. That's when he became scared and called 911.

I asked him if there was anything else he could add to help us. He stated there was really nothing much he could tell me as he didn't know her that well except that she was fine when she went to sleep last night. He doesn't know if she had taken any of her pain medication or not. I did find pain medication in the residence that had been filled on the 8th of May. These were all subsequently later turned over to the coroner's office.

CONTACT KANDA HALE:

While waiting for the coroner to arrive, I spoke with the apartment complex manager Kanda Hale who had no idea who Watson was and was concerned he was staying in the residence. I advised her that I would ask him to leave, however, due to the fact that France had let him live in the residence for the last two weeks, he basically established a residency and I couldn't force him to leave. I could suggest he leave which I believed he would. She stated that would be good and asked if I would collect his key if he had one. I advised I would.

She stated she had not noticed anything unusual besides a lot of traffic and parties coming from France's apartment. She's had numerous complaints about France and her parties and drinking and believed drug activity coming from the apartment. Hale also advised that France's grandmother paid the monthly rent and that she lives on the east side of Bremerton somewhere.

CHAPLIN REQUEST:

After conducting my interview with Watson, he requested that we have a chaplain respond as he wanted to talk to a chaplain and possibly get a ride to the ferry terminal so he could go to work. We arranged for a chaplain to respond to the scene and contact him. One later arrived a contacted Watson.

CONTACT DEPUTY CORONER AARON DAVIS:

05-20-08, Deputy Coroner Aaron Davis arrived at the scene and advised he was going to conduct the investigation. I advised him what we had learned and some of the medication we found in the residence. See Detective Vertefeuille's supplement for further details in regards to the medication and that we believed she

C- 100-11 SUPPLEMENTAL REPORT

OCA B08005676

Bremerton Police Dept

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was a possible diabetic as we had found some diabetic testing equipment in the residence which appeared to have been old and not used for quite sometime. Deputy Coroner Davis stated that he has spoken to the hospital and that France has a history of GI bleeds and other medical issues. While at the scene, Coroner Sandstrom called and advised that he spoke with France's doctor, Dr. Aflatooni, and advised he had only seen her twice and that was for back and knee problems and depression. I stood by while Deputy Coroner Davis conducted his investigation and took photographs and while he rolled the body over and exposed her back showing lividity and the fact there was no trauma to the back or legs that were visible. Through his investigation, Aaron Davis advised that France has possibly been dead for 1 or 2 hours, or a little longer. He stated he would have France transported to the coroner's office where an autopsy would be completed sometime this week.

Once Deputy Coroner Aaron Davis had completed his investigation, I assisted in removing France's body from the residence and loading it into the coroner's van for transportation.

RECONTACT OF KEVIN WATSON:

I recontacted Watson who was going to be transported to the ferry terminal by a Bremerton Police Chaplain. I asked Watson what he was going to do. He said he was going to go to work and stay with family in Renton. I advised him that he was not on the lease and technically could not be living at the residence however I could not force him to leave. He stated he was going to leave anyway as he had nowhere else to go except to his family in Renton. I obtained the key to the apartment from him and turned it over to Kanda Hale, the apartment complex manager. Watson stated he had a few more possessions left in the residence and I advised him that he needed to contact the apartment manager at a later date to obtain the rest of his personal possessions. He stated he would. I then provided him with Hale's phone number and my business card.

DISPOSITION:

Attach to original report.

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.


(Signature, Date)

(428) DAVIS, ROBERT JR

SUPPLEMENTAL REPORT

OCA B08005676

Bremerton Police Dept

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mouth. Nothing else of note.

While photographing and searching the house, I located a punched Washington ID in the bathroom for Krishna France. I noted that the ID appeared to match that of the deceased.

While I was searching in the bathroom, I looked in the medicine cabinet where I found several bottles of medication; one for Clindamycin which was prescribed to Wendell Lester. There were pills in the container. I later learned that Lester was an ex-boyfriend of France. Also in the medicine cabinet was Hydrochlorothiazide prescribed to Krishna France. This was an empty container. There was a second bottle of that same medication also prescribed to Krishna France and it was full of cream. In the medicine cabinet was a container of naproxen with pills in it prescribed to Krishna France, and there was Fluoxetine. The name was torn off the container but there were pills inside.

On the bed near her head was an Oxycodone bottle with the name Wendell Lester. Inside there were no pills but there were the caps to some smoking devices and some mesh filters. There were also several smoking pipes around her head on the bed and one on a shelf just to the south of her. I was advised that patrol officers had located those smoking devices. These were most commonly associated with smoking of marijuana.

On the bed next to France was an inhaler prescribed to Krishna France.

At the southeast corner of the bedroom was a Tupperware / plastic style set of drawers. In the top drawer was a Washington ID, belonging to Krishna France and \$48 in cash. There were two blister packs containing two pills each. The pills were said to contain Acetaminophen, Guaifenesin, Dextromethorphan, and Phenycephorphan. In a purse in the living room located near a chair on the west wall was a purse which contained a wallet which contained a paper ID and a birth certificate both for Krishna France. Right underneath the purse was a box that has three blood testing meters and five containers of glucose strips. All the containers seemed to be full. In the cabinet above the refrigerator located a liquid medication bottle which contained lidocaine hcl 1%, and epinephrine 1:100000. Also in the kitchen cabinet was a bottle of Clonazepam prescribed to Krishna France. This bottle was prescribed to France within the last couple of days. There were pills in the bottle and the top was open.

Throughout the search of the house although there were diabetic testing supplies, there were no lances, syringes, insulin, or oral medications commonly associated with the treatment of diabetes.

After I completed my investigation and Deputy Coroner Aaron Davis arrived to do his investigation, he checked France's body, noting no obvious signs of trauma and noted the time of death was within a few hours. There were 3 tattoos apparent on France's body; the name Wendell on her left upper chest, and a tattoo on each ankle. The examination of France's body showed no sign of petechia in her eyes or mouth. The pills, money, and identification were all turned over to Deputy Coroner Aaron Davis. I took possession of the smoking devices for destruction through our evidence system.

After Deputy Coroner Davis's investigation was completed, Chaplain Butch Hall transported Watson to the Bremerton Ferry. Detective Robbie Davis, Patrolman Van Santford and Patrolman Brandon assisted Deputy Coroner Davis in removing France's body from the residence. I did one final walk-through with Deputy Coroner Davis and locked the apartment. I cleared the scene at approximately 1100 hours, returning to my office to download photographs and place evidence for

Client: Home Private Investigator: MR
 Contact: Mr. Virgil Pelton
 Project: Melanie Ram
 Date of Sampling: 09-14-2021
 Date of Receipt: 09-15-2021
 Date of Report: 09-16-2021

MoldREPORT
 Eurofins EMLab P & K
 19515 North Creek Pkwy N, #100, Bothell, WA 98011
 (866) 888-6653 Fax (623) 780-7695

Summary of Sample Analysis Results

Do not take any action based on the results of this report until you have read the entire report.

Air Sample Summary:

The MoldSCORE™ was in the MODERATE range for the following area(s): 4303154. A moderate MoldSCORE™ means that the results are inconclusive, and suggests that a more detailed inspection by a trained professional may make sense if there are any other reasons to believe that mold growth could be a problem in this room.

The MoldSCORE™ was in the LOW range for the following area(s): 4324254. A low MoldSCORE™ indicates the air sample did not detect, relative to the outside air, the presence of indoor mold growth in this room at the time of sampling.

Please see the sections titled "Detailed Results of the Air Sample Analysis" and "Understanding Your Air Sample Analysis Results" for important additional information.

| MoldSCORE™ | | | | | Exposure Level | | | | |
|---|-------|-----|--------|------------|----------------|----|--------|-------------------|--------------------|
| Location | Lower | | Higher | Mold Score | Lower | | Higher | Location | Outside |
| 4324254: Bathroom * see p. 4 for details | <110 | 200 | 300 | 131 | <200 | 1K | 10K | >70K spores/m3 | spores/m3 5,600 |
| 4303154: Bedroom * see p. 5 for details | <110 | 200 | 300 | 193 | <200 | 1K | 10K | >70K spores/m3 | spores/m3 5,600 |

This report is generated by Eurofins EMLab P&K at the request, and for the exclusive use, of the Eurofins EMLab P&K client named in this report. Important terms, conditions, and limitations apply. The Eurofins EMLab P&K client and all readers of this report are advised to completely read the information, terms, conditions and limitations of this report.
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EMLab ID: 2734499, Page 3 of 16

Client: Home Private Investigator: MR
 Contact: Mr. Virgil Pelton
 Project: Melanie Ram
 Date of Sampling: 09-14-2021
 Date of Receipt: 09-15-2021
 Date of Report: 09-16-2021

MoldREPORT
 Eurofins EMLab P & K
 19515 North Creek Pkwy N, #100, Bothell, WA 98011
 (866) 888-6653 Fax (623) 780-7695

Detailed Results of the Air Sample Analysis

| Location Lab ID-version:† 13084961-1 | Overall Mold Source Assessment* (Likelihood spores originated inside) | | | | Overall Exposure Level (Shown on a log scale) | | | | Outside †13084960-1 4303155 | | |
|---|--|-----|---------------|---------------|--|----|---------------|-------------------------------|-----------------------------------|-----------|--------|
| | Lower <110 | 200 | Higher 300 | Mold Score | Lower <200 | 1K | Higher 10K | Location >70K spores/m³ | raw ct | spores/m³ | raw ct |
| 4324254; Bathroom | | | | 131 | | | | 1,100 | 21 | 5,600 | 105 |

Indicators of Mold Growth Indoors

A) *Penicillium/Aspergillus* types**

B) *Cladosporium* species spores

C) Basidiospores

D) "Marker" spore types***

E) "Other" spore types***, ****

1) *Pithomyces*

| Indicator Mold Source Assessment* (Likelihood spores originated inside) | | | |
|--|-----|---------------|---------------|
| Lower <110 | 200 | Higher 300 | Mold Score |
| | | | 100 |
| | | | 131 |
| | | | 100 |
| | | | 100 |
| | | | 121 |

| Indicator Exposure Level (Shown on a log scale) | | | | | | | |
|--|--|--------------------|--|--|----|---|----|
| Lower <200 | | Higher 10K >70K | | Location spores/m ³ raw ct | | Outside spores/m ³ raw ct | |
| | | | | < 13 | 0 | 480 | 9 |
| | | | | 640 | 12 | 750 | 14 |
| | | | | 430 | 8 | 3,400 | 64 |
| | | | | < 13 | 0 | < 13 | 0 |
| | | | | 53 | 1 | < 13 | 0 |

Other Sample Information

Sample clarity & visibility

| | Good | Moderate | Poor |
|----------|------|----------|------|
| Location | | | X |
| Outside | | X | |

*Good = background debris is light enough to pose no difficulty in analyzing air samples.
 *Poor = background debris so heavy that it poses a significant difficulty in analyzing the air sample accurately. Results are most likely lower limits.

Other "normal trapping" spores***

| Other "normal" trapping spots | | | | | | |
|--|----|---------------|------|-----------------------------------|--------|-----------------------|
| Exposure Level (Highly unlikely to be from indoors) | | | | Outside | | |
| Lower <200 | 1K | Higher 10K | >70K | Location spores/m ³ | raw ct | spores/m ³ |
| | | | | < 13 | 0 | 960 |
| | | | | | | 18 |
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Comments

| | |
|----------|------|
| Location | None |
| Outside | None |

* Rated on a scale from low to high. A MoldSCORE™ rating of <150 is low and indicates a low probability of spores originating inside. A MoldSCORE™ rating of >250 is high and indicates a high probability that the spores originated from inside, presumably from indoor mold growth. A MoldSCORE™ between 150 and 250 indicates a moderate likelihood of indoor fungal growth. Eurofins EMLab P&K's MoldSCORE™ analysis is NOT intended for wall cavity samples. It is intended for ambient air samples in residences. Using the MoldSCORE™ analysis on other samples (like wall cavity samples) will lead to misleading results.

** The spores of *Penicillium* and *Aspergillus* (and others such as *Acremonium* and *Paccilomyces*) are small and round with very few distinguishing characteristics. They cannot be differentiated by spore trap sampling methods. Also some species with very small spores are easily missed, and may be undercounted. The *Penicillium/Aspergillus* indicator operates on the assumption that the majority of the spores in this category are, in fact, *Penicillium* or *Aspergillus*.

*** The spores reported in this category come from many different mold types. As a result, the mold types represented by the counts for the "Location" sample may be different than the mold types represented by the counts for the outside sample. The totals shown are the summation of the rounded values for the spores types in the category and may contain more than two significant figures.

**** The spores of smuts, *Periconia*, and myxomycetes look similar and cannot generally be distinguished by spore trap analysis. Smuts are plant pathogens and are not likely to be on indoor surfaces. *Periconia* is rarely found growing indoors. However, myxomycetes, the spores of which look similar, can occasionally grow indoors. Because there is a small probability of indoor sources, these spore types are indicated in the "other" spore types category. False positives may result if the spores are smuts, not myxomycetes.

‡A "Version" indicated by "-x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

Total spores/m³ has been rounded to two significant figures to reflect analytical precision. The analytical sensitivity is the spores/m³ divided by the raw count, expressed in spores/m³. The limit of detection is the analytical sensitivity (in spores/m³) multiplied by the sample volume (in liters) divided by 1000 liters.

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Eurofins EPK Built Environment Testing, LLC

Client: Home Private Investigator: MR
 Contact: Mr. Virgil Pelton
 Project: Melanie Ram
 Date of Sampling: 09-14-2021
 Date of Receipt: 09-15-2021
 Date of Report: 09-16-2021

MoldREPORT
 Eurofins EMLab P & K
 19515 North Creek Pkwy N, #100, Bothell, WA 98011
 (866) 888-6653 Fax (623) 780-7695

Detailed Results of the Air Sample Analysis

| Location Lab ID-version:† 13084962-1 | Overall Mold Source Assessment* (Likelihood spores originated inside) | | | Overall Exposure Level (Shown on a log scale) | | | | Outside ‡13084960-1 4303155 | |
|---|--|---------------|----------------------|--|----|---------------|--|-----------------------------------|-----------|
| | Lower <110 | Higher 200 | Mold Score 300 | Lower <200 | 1K | Higher 10K | Location >70K spores/m ³ raw ct | spores/m ³ | raw ct |
| 4303154: Bedroom | | | 193 | | | | 1,300 | 25 | 5,600 105 |

Indicators of Mold Growth Indoors

A) *Penicillium/Aspergillus* types**

B) *Cladosporium* species spores

C) Basidiospores

D) "Marker" spore types***

E) "Other" spore types***, ****

1) *Alternaria* 2) Other brown

| Indicator Mold Source Assessment* (Likelihood spores originated inside) | Indicator Exposure Level (Shown on a log scale) | | | | Outside | |
|--|--|---------------|----------------------|--|-----------------------|----------|
| | Lower <110 | Higher 200 | Mold Score 300 | Location >70K spores/m ³ raw ct | spores/m ³ | raw ct |
| A) <i>Penicillium/Aspergillus</i> types** | | | 100 | < 13 | 0 | 480 9 |
| B) <i>Cladosporium</i> species spores | | | 142 | | 850 16 | 750 14 |
| C) Basidiospores | | | 100 | | 210 4 | 3,400 64 |
| D) "Marker" spore types*** | | | 100 | | < 13 0 | < 13 0 |
| E) "Other" spore types***, **** | | | 193 | | 263 5 | < 13 0 |

Other Sample Information

Sample clarity & visibility

| | Good | Moderate | Poor |
|----------|------|----------|------|
| Location | | X | |
| Outside | | X | |

"Good" = background debris is light enough to pose no difficulty in analyzing air samples.
 "Poor" = background debris so heavy that it poses a significant difficulty in analyzing the air sample accurately. Results are most likely lower limits.

Other "normal trapping" spores***

| Exposure Level (Highly unlikely to be from indoors) | | | | Outside | |
|--|----|---------------|--|-----------------------|--------|
| Lower <200 | 1K | Higher 10K | Location >70K spores/m ³ raw ct | spores/m ³ | raw ct |
| | | | < 13 | 0 | 960 18 |
| Sample volume (liters) | | | | 75 | 75 |

Comments

| | |
|----------|------|
| Location | None |
| Outside | None |

* Rated on a scale from low to high. A MoldSCORE™ rating of <150 is low and indicates a low probability of spores originating inside. A MoldSCORE™ rating of >250 is high and indicates a high probability that the spores originated from inside, presumably from indoor mold growth. A MoldSCORE™ between 150 and 250 indicates a moderate likelihood of indoor fungal growth. Eurofins EMLab P&K's MoldSCORE™ analysis is NOT intended for wall cavity samples. It is intended for ambient air samples in residences. Using the MoldSCORE™ analysis on other samples (like wall cavity samples) will lead to misleading results.

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Total spores/m³ has been rounded to two significant figures to reflect analytical precision. The analytical sensitivity is the spores/m³ divided by the raw count, expressed in spores/m³. The limit of detection is the analytical sensitivity (in spores/m³) multiplied by the sample volume (in liters) divided by 1000 liters.

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Burofins EPK Built Environment Testing, LLC



MAINTENANCE REQUEST NOTICE

Resident Name(s) Melanie Brein
50
Address 4259192553 City Brein State _____ Zip _____
Home Phone _____ Work Phone _____

Service Requested - describe trouble and special instructions

RePlace Drywall & Insulation around Leak in Ceiling. Also please inspect and replace any drywall in the vertical walls along the skylights that will have mold.

Check one of the following:

☐ I authorize the Owner, his Agents and maintenance personnel to enter the rental premises to perform the work identified above.

☒ I request that I be present during any entry to the rental premises. Please call me to schedule the work. I recognize that this request may delay completion of the repairs.

and email me at 2you text 1@gmail.com

ACKNOWLEDGMENT

Receipt of this notice does not obligate the Owner / Agent to perform a repair which is not required by the Residential Landlord Tenant Act. I also recognize that certain repairs require multiple entries to my rental premises and I agree to cooperate with scheduling these entries.

[Signature]

02/03/2017

RESIDENT

DATE

RESIDENT

DATE

FOR OWNER / AGENT USE ONLY

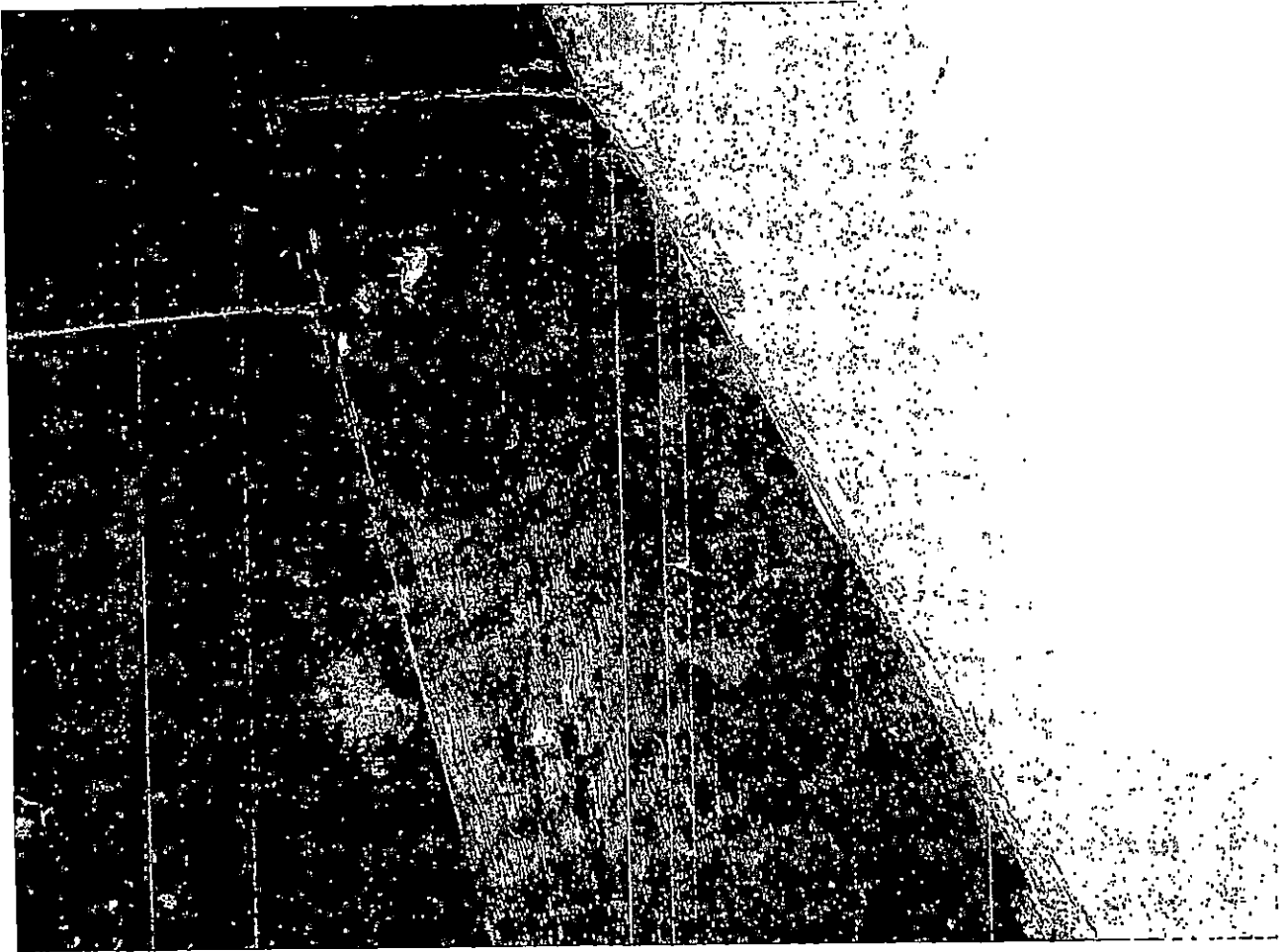
Date Request Received _____ if verbal, taken by _____

Address _____ City _____ State _____ Zip _____

Work Performed _____

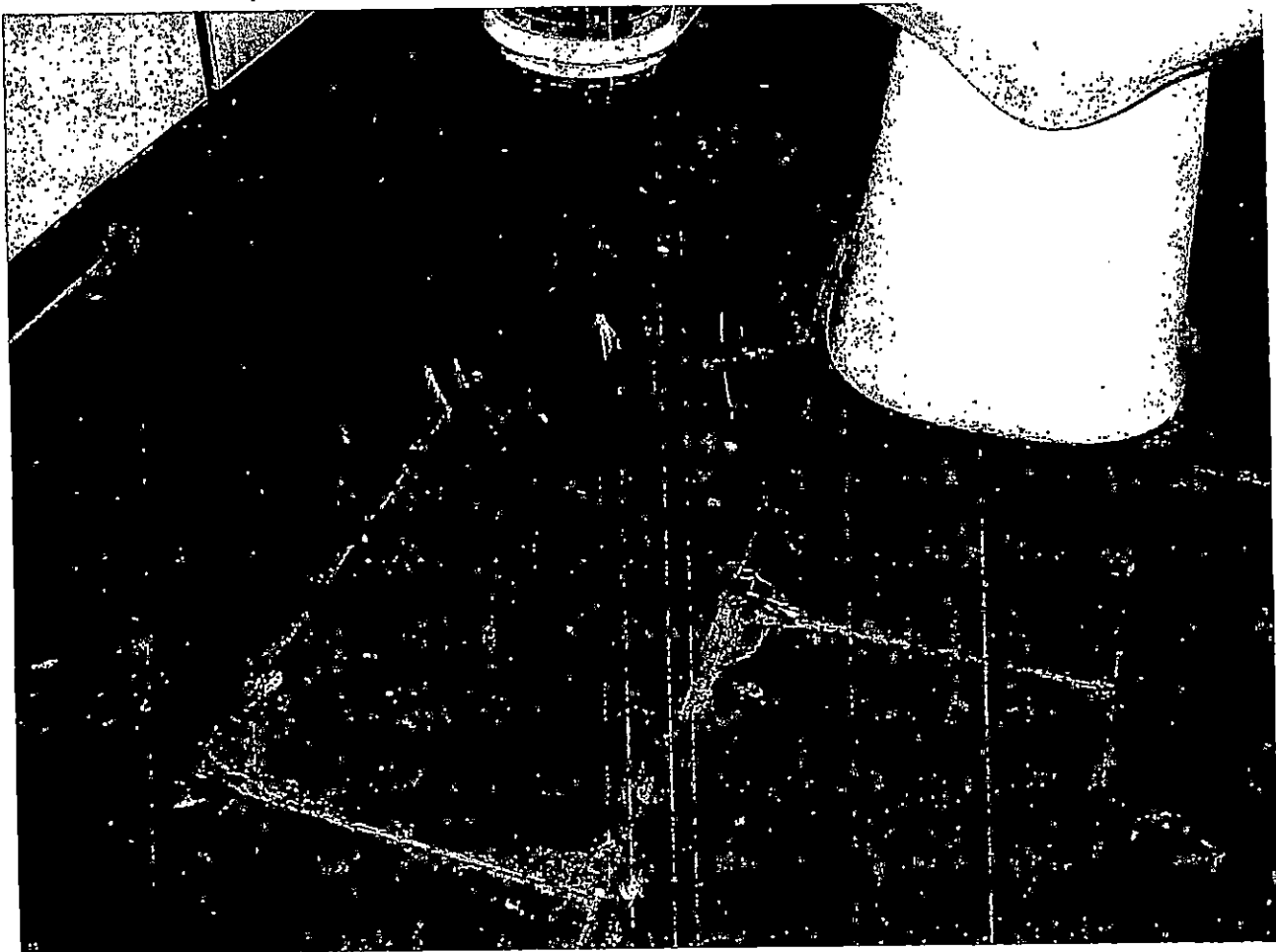
Completed by _____ Date Completed _____ Time Completed _____

COMMENTS



Pictures from the 1st apartment &
they handed me in the building

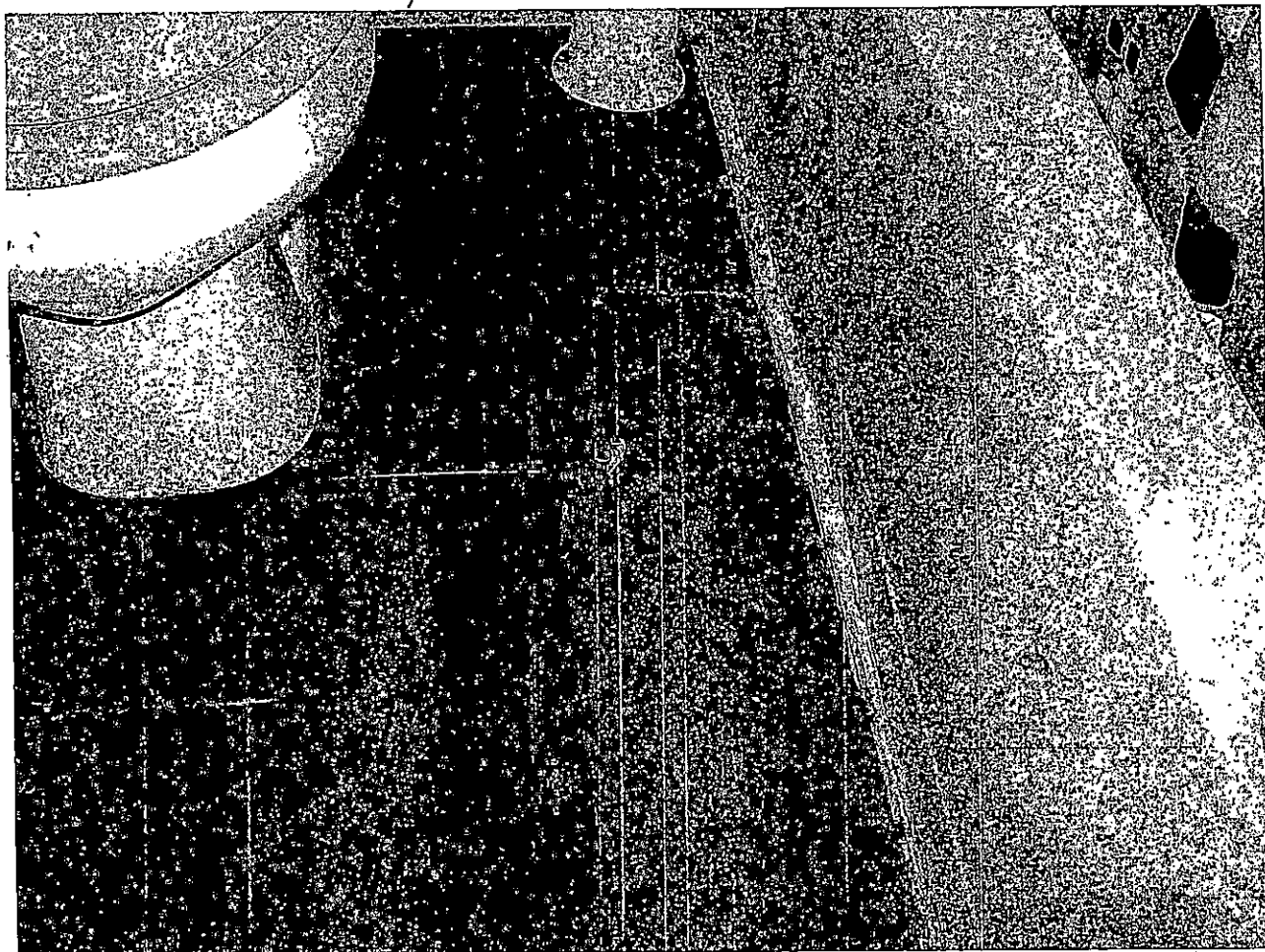
Apartment 122



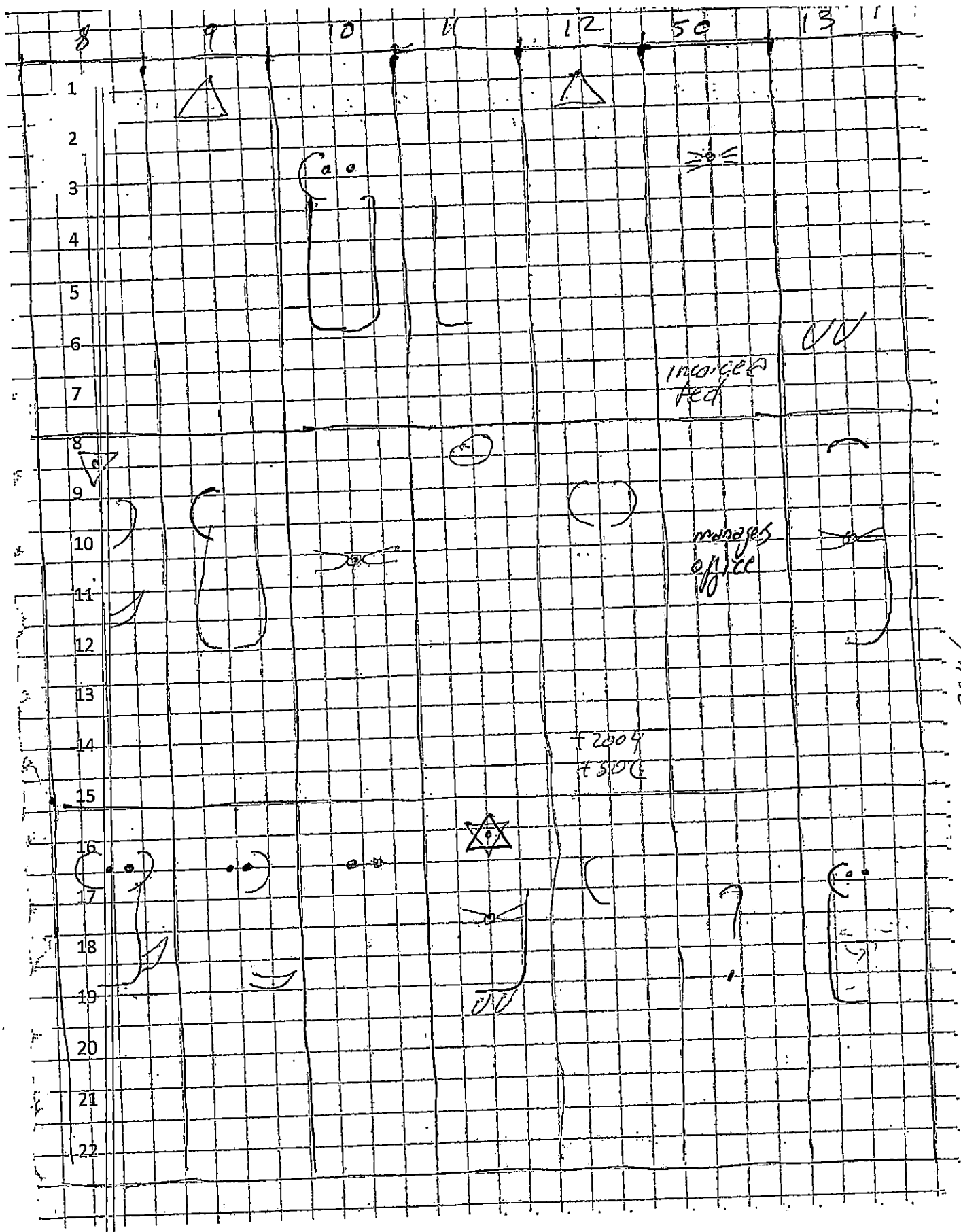
1st apartment

The hard flooring was rotting. The toilet must have been leaking for a long time.

Apartment 122



158 apartment



A hand-drawn map on a grid. The grid has a vertical axis on the right labeled 1 through 22 and a horizontal axis at the bottom labeled 14, 15, 16, 17, 18, 19, 20, 21, 22. The map contains several hand-drawn symbols and text:

- Top Right:** A large rectangle with a smaller rectangle inside it, labeled "18" and "19".
- Top Center:** A small circle with a cross inside, labeled "18".
- Top Left:** A small circle with a cross inside, labeled "18".
- Middle Right:** A small circle with a cross inside, labeled "18".
- Middle Center:** A small circle with a cross inside, labeled "18".
- Middle Left:** A small circle with a cross inside, labeled "18".
- Bottom Right:** A large rectangle with a smaller rectangle inside it, labeled "18" and "19".
- Bottom Center:** A small circle with a cross inside, labeled "18".
- Bottom Left:** A small circle with a cross inside, labeled "18".
- Text:** "18" is written in the top right corner. "19" is written in the top center. "18" is written in the top left. "18" is written in the middle right. "18" is written in the middle center. "18" is written in the middle left. "18" is written in the bottom right. "19" is written in the bottom center. "18" is written in the bottom left.



GroupHealth.

EXHIBIT

PAGE 1

Allergy Questionnaire

Name MEGANIE RAM
 Member ID Number 03 02 7548

Part 1: Please answer only the sections that apply to you.

Age: 39 Sex: Male (Female) Birthplace: Romania Years in Northwest: 21
 Your main concerns: noted allergies & allergies in general

Complete this section only for: NOSE / THROAT / EARS / EYES / HEAD SYMPTOMS * If none, skip to next section

1) Check all that apply and circle the ones that bother you the most:

| Nose | Throat | Ears | Eyes | Head |
|--|---|--|---|---|
| <u>itchy nose</u> <u>don't know</u> <u>sneezing</u> <u>lots</u> <u>congestion</u> decreased smell/taste snoring <u>don't know</u> <u>runny nose</u> <u>if yes, is</u> <u>the nasal discharge?</u> <u>clear</u> <u>colored</u> <u>don't know</u> | <u>sore throat</u> itchy throat or palate <u>throat clearing</u> <u>cough</u> <u>hoarseness</u> post-nasal drainage - ? if yes, is the drainage: <u>clear</u> <u>colored</u> | itchy ears plugged ears <u>ringing</u> hearing loss <u>noise - it</u> <u>does not feel</u> <u>like it's in</u> <u>my ears</u> | <u>itchy eyes</u> <u>watery eyes</u> red eyes <u>dry/irritated eyes</u> swollen lids discharge | headache facial pressure or pain <u>Episodes -</u> |

- 2) When did your symptoms first begin? years ago When, if so, did they get worse? _____
 3) Are your symptoms: seasonal* all year long all year long, with seasonal worsening*
 * Circle the worst months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan't kn.
 4) Check the things that make your symptoms worse:

| Irritants | Weather | Medicine | Allergens | Location | Other |
|---|--|--|---|--|----------------|
| smoke air pollution <u>fumes or car</u> <u>exhaust</u> <u>strong odors</u> or perfumes | <u>cold air</u> ? rapid <u>don't know</u> temperature change (e.g. going from cold outdoors to indoor heat) | aspirin non-steroidal anti-inflammatory agents (e.g. Motrin, Advil, Aleve) | <u>grass</u> <u>dust or vacuuming</u> <u>damp or musty area</u> animals, if so specify: _____ | <u>outdoors</u> <u>Indoors</u> daycare home school work | <u>diapers</u> |

- 5) Have you had any of the following problems or procedures: * If yes, specify Yes* No
 frequent ear infections PE tubes nasal or sinus surgery nasal polyps
 broken nose frequent sinus infections (how many in a year?) 1 times

Complete this section if: ALLERGIC REACTION TO A STING, DRUG, FOOD or other SUBSTANCE. * If none, skip to next section If more than one reaction: answer the same questions for each reaction on a separate page

- 1) What did you react to? I believe mold - seeped through my shirt under upper arm on shoulder
 If stung, where on your body were you stung? _____
 2) When did the reaction occur? (date and time of day) First time I wore shirt (unwashed) after removing mold
 3) Length of time from exposure (or sting/injection) until onset of symptoms: skin welled upon scratching the
 4) How long did your symptoms last? don't know, I think it cleared within a month
 5) Briefly describe the reaction: I felt a stinging sensation (hesitated to reach for it for a while)
I was in the presence of people). I reached, scratched eventually the skin swelled
up in small patches. Over time I noticed small blisters had formed (pin point blisters)
 6) Please check any of the following symptoms you had with your reaction:
shortness of breath tongue swelling hoarseness or change in voice
dizziness or loss of consciousness wheezing or chest tightness throat tightness or trouble swallowing
flushing? abdominal cramping, diarrhea or vomiting great trouble
 7) Did you get medical attention? Yes* No Urgent Care Clinic 911/Medics months
 * If yes, was it from: Emergency Room _____
 8) Treatment (if any) you received: A good psychological whipping for being a smoker
 9) Do you have a current EpiPen? Yes No

Past Medical History

1) Check the box if you've had any of the following:

| | | | |
|-------------------------------------|----------------|------------------|------------------------|
| glaucoma | cataracts | depression | high blood pressure |
| diabetes | tuberculosis | positive TB test | peptic (stomach) ulcer |
| AIDS or HIV | kidney disease | aseptic necrosis | osteoporosis |
| other significant medical problems: | | | heart problems |

2) Please list all surgeries and hospital stays: (followed by approximate date)

| | | |
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3) Have you ever smoked?

Yes*

No * If yes, specify.

Are you: a current smoker?

a past smoker? Quit date:

What and how long did you smoke?

cigarettes 20 years

Packs per day:

cigars: ___ years

pipe: ___ years

4) Does anyone in your home smoke?

Yes*

No * If yes, specify.

mother

father

spouse or partner

son

daughter

brother

sister

roommate

other: _____

Family History

Please place a check mark for each relative with the following medical problems:

* If more than one relative has the same medical problem, place a check mark for each one.

Example: 2 brothers with asthma:

| Medical Problem | Mother | Father | Brother | Sister | Son | Daughter | Grandmother | Grandfather |
|-----------------|--------|--------|---------|--------|-----|----------|-------------|-------------|
| Asthma | | | ✓ | | | | | |

Don't close to my family. I'm a little informal on their head.

| Medical Problem | Mother | Father | Brother | Sister | Son | Daughter | Grandmother | Grandfather |
|-----------------|--------|--------|---------|--------|-----|----------|-------------|-------------|
| Asthma | | | ✓ | | | | | |
| Emphysema | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Nasal allergy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Sinus problems | | | | | | | | |
| Eczema | | | | | | | | ✓ |

Environmental History

1) What is/was your occupation or, if you are still a student, your grade in school? retail2) What are your hobbies?3) How long have you lived at your present location? ___ years 2 weeks4) Location: downtown urban suburb rural/country5) Type of home: house apartment/condo houseboat mobile home other: _____6) Where do you live? (City, town, city neighborhood, or nearest city)? Toronto7) Type of heating: radiant forced air heat pump wood burning stove pellet stove other: _____

8) Air conditioning: none central window units

9) Air filter: HEPA electrostatic

10) Floor: Bedroom: carpeting wood/laminate tile cement other: _____Family room: carpeting wood/laminate tile cement other: _____11) Mattress: regular foam air mattress waterbed futon other: _____12) Pillow: cheap synthetic foam down feather cotton other: don't know13) Comforter: none down synthetic feather other: _____14) Do you have zippered dustmite allergy covers (encasements)? Yes* No If yes, what item is covered?
pillows mattress comforter box springs15) Do you have any pets? Yes* No * If yes, check all that apply and how many of each animal.

cat(s) # ___ dog(s) # ___ bird(s) # ___ guinea pig(s) # ___

gerbil(s) # ___ hamster(s) # ___ rabbit(s) # ___ other: _____

Circle all pets that live in or have access to your (or the patient's) bedroom.

16) Do you have a mold or mildew problem in your home? *If yes, is it a minor problem? major problem?
Where is it? bathroom basement kitchen window sills other: _____

Thank you

Complete this section only for: **HIVES or SWELLING** *If none, skip to next section

- 1) What is your main problem? hives swelling hives and swelling
- 2) What parts of your body are affected? shoulder and upper arm
- 3) When did your symptoms first begin? mold collection When was your last outbreak? just 1 outbreak
- 4) On the average, how long does each outbreak last? It took a number of days to clear probably less than 1 month
- 5) How often do outbreaks occur? daily times a week times a month times a year
- 6) If you have hives, how long does each individual hive last? less than 24 hours more than 24 hours
- 7) Check any symptoms you have with hives: itching? burning? tingling pain bruising
- 8) Check all that apply: Symptoms worse in the: spring summer autumn winter
Symptoms worse in the: morning afternoon evening night
Symptoms worse in the: outdoors indoors home school daycare work
Symptoms worse during: weekdays weekends menstrual cycle
- 9) During an outbreak, do you have any of the following symptoms? Yes* No * If yes, check box.
shortness of breath flushing tongue swelling throat tightness or trouble swallowing joint pain fever hoarseness or change in voice dizziness or loss of consciousness
wheezing or chest tightness swollen glands diarrhea, vomiting or abdominal pain
- 10) Check the things that make your symptoms worse: I was already having these symptoms at the time

| | | | |
|--|---|--|---|
| Exposure to: exercise cold air sunlight <u>heat (shower/bath)</u> rubbing or scratching vibration (mowing lawn, motorcycling) | Medicines aspirin non-steroidal anti-inflammatory agents (e.g. Motrin, Advil, Aleve) ACE inhibitors (e.g. lisinopril) other medicines: | Allergens grass dust or vacuuming wooded areas damp or musty area latex (balloons, condoms, dental work, latex gloves) animals, specify: foods or food additives, specify: | Other emotion or stress other: |
|--|---|--|---|

- 11) Check the box if the following events happened soon before your symptoms started:
- | | | | |
|---|---|-----------------------------|-----------------|
| mononucleosis | jaundice or hepatitis | sore throat or strep throat | sinus infection |
| swollen lymph glands | urinary tract infection | toothache or gum infection | bee sting |
| pneumonia | thyroid problems | ulcers or gastritis | |
| fungal infection of skin, scalp, or nails | immunization, specify: | impetigo or skin infection | |
| transfusion | recent move from another area; from where? <u>I had lived in the apartment for a few months</u> | | |
| job change, specify: | change of residence | foreign travel, where? | |
| other: | | | |

Part 2: Please answer all of the remaining questions

Medicines

List all prescription and over-the-counter medicines you're currently taking that you **do not** receive through Group Health. Include oral, inhaled, injected, drops, sprays, suppositories, creams and ointments.

| Name of medicine | Strength (if known) | Dose and number of times taken per day |
|------------------|---------------------|--|
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Attach separate list if necessary.

Allergy History

- 1) Have you had previous allergy skin testing? Yes* No * If yes, when? February 2017
- 2) Have you ever received allergy shots? Yes* No * If yes, specify the years you received them:
From _____ to _____ Additional years: From _____ to _____ From _____ to _____
Were the shots helpful? Yes No Did you have any bad reactions? Yes No
- 3) Do you have allergies to any foods? Yes* No * If yes, specify: I
- | Name of food | Allergic reaction(s) | Approximate date of reaction(s) |
|--------------|----------------------|---------------------------------|
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- recurrent or chronic cough -- if yes, is the cough: wet/productive wet/productive dry dry coughing up blood
- 2) When did your symptoms first begin? last couple of weeks have been When, if so, did they get worse? troublesome
- 3) Are your symptoms: seasonal* all year long all year long, with seasonal* worsening? troublesome
- * Circle worst months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
- 4) How often do you have symptoms? 2 or less times a week once a day 3-6 times a week throughout the day
- 5) Do these symptoms disturb your sleep? Yes* No No
- * If yes, how often? 2 or less times a month 3-4 times a month 2-6 times a week every night
- 6) Do your symptoms ever interfere with exercise or daily activities? Yes* No No
- * If yes, what activity? The chest tightness is seems short lived (hrs) and followed by exhaustion
- 7) Have your symptoms forced you to miss work or school? (Circle which one) Yes* No
- * If yes, how many times in the past 12 months? _____
- 8) Have your symptoms caused you to go to the Emergency Room or Urgent Care? Yes* No No
- * If yes, how many visits in the past 12 months? There have been times I thought I should be going to the ER
- 9) Have your symptoms caused you to be admitted overnight to the hospital? Yes* No No
- * If yes, how many times? _____ Were you ever in the Intensive Care Unit? Yes No
- Have you been intubated or on a ventilator? Yes No
- 10) Have you ever needed treatment with an oral or injectable steroid? (e.g. prednisone) Yes* No No
- * If yes, when was your last course of steroids? _____

11) Check the things that make your chest symptoms worse:

| Irritants | Infections | Weather | Medicine | Allergens | Location | Other |
|--|--|--|---|---|---|--|
| smoke fumes/car exhaust air pollution strong odors or perfumes | colds or flu sinus infections | cold air weather changes heat | aspirin non-steroidal anti-inflammatory agents (e.g. Motrin, Advil, Aleve) | grass dust/vacuuming damp or musty areas animals, If yes, specify: _____ | outdoors indoors home daycare school work: _____ | exercise emotion/ stress laughing other: _____ |

- 12) Have you ever had pneumonia? Yes* No No * If yes, how many times? _____
- 13) Have you had a chest X-ray since your symptoms began? Yes* No * If yes, when? _____
- 14) Do you have symptoms of heartburn or acid reflux? Yes* No * If yes, how often? on one occasion

If you've been prescribed albuterol or have asthma, please answer the following questions:

- 1) How many puffs of albuterol do you use per day? _____
- 2) How many canisters of albuterol do you use each month? _____
- 3) Do you use a spacer with your inhalers? Yes No
- 4) Do you monitor your peak flows? Yes* No
- * If yes, what is your personal best peak flow? _____
- * What has been the range of your peak flow readings over the past 2 weeks? _____

Complete this section only for: ECZEMA * If none, skip to next section

- 1) When did your eczema first begin? _____ When, if so, did it get worse? _____
- 2) What parts of your body are most affected? _____
- 3) Are your symptoms: seasonal* all year long all year long, with seasonal worsening*
- * Circle worst months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
- 4) Check the things that make your eczema worse:

| Irritants | Allergens | Foods | Other: |
|-------------------------------------|--|-------------------------------|--------------------|
| soaps detergents wool heat | dust pollen animals: _____ | milk wheat other: _____ | Infection _____ |
| tight clothing cosmetics sun | mold nuts eggs soy peanuts | | |

Exhibit 4

Bremerton Police Department

Prepared January 12, 2021

| | | | |
|----------------------------------|----|------------------------------|---|
| Information Only | 4 | Vehicle Prowling 2 | 3 |
| Intimidating a witness | 1 | Verbal Dispute | 1 |
| Malicious Mischief 3 | 4 | Violation of court order | 6 |
| Mental Investigation | 11 | VUCSA Violations | 3 |
| Miscellaneous | 1 | Wanted person (Other agency) | 1 |
| Possession of Stolen Property | 1 | Warrant (misd) | 2 |
| Possession of Drug Paraphernalia | 1 | Welfare Check | 1 |

Apartments for comparisons:

| Location | Cases | Calls for Service |
|--------------------|-------|-------------------|
| 3232 Pine Road | 332 | 305 |
| 834 Dr ML King Way | 61 | 58 |
| 3401 Spruce Ave | 25 | 25 |

Analysis:

The calls for service and cases taken at 1900 Naval account for approximately 0.2% of all calls for service/cases taken by BPD each year.

In comparison to the apartments listed above- this location has a higher rate of crime for the following types:

- Thefts (All)
- Mental Health/Suicide related incidents
- Domestic Violence related incidents

CR 56
SUMMARY JUDGMENT

(a) For Claimant. A party seeking to recover upon a claim, counterclaim, or cross claim, or to obtain a declaratory judgment may, after the expiration of the period within which the defendant is required to appear, or after service of a motion for summary judgment by the adverse party, move with or without supporting affidavits for a summary judgment in the party's favor upon all or any part thereof.

(b) For Defending Party. A party against whom a claim, counterclaim, or cross claim is asserted or a declaratory judgment is sought may move with or without supporting affidavits for a summary judgment in such party's favor as to all or any part thereof.

(c) Motion and Proceedings. The motion and any supporting affidavits, memoranda of law, or other documentation shall be filed and served not later than 28 calendar days before the hearing. The adverse party may file and serve opposing affidavits, memoranda of law or other documentation not later than 11 calendar days before the hearing. The moving party may file and serve any rebuttal documents not later than 5 calendar days prior to the hearing. If the date for filing either the response or rebuttal falls on a Saturday, Sunday, or legal holiday, then it shall be filed and served not later than the next day nearer the hearing which is neither a Saturday, Sunday, or legal holiday. Summary judgment motions shall be heard more than 14 calendar days before the date set for trial unless leave of court is granted to allow otherwise. Confirmation of the hearing may be required by local rules. The judgment sought shall be rendered forthwith if the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law. A summary judgment, interlocutory in character, may be rendered on the issue of liability alone although there is a genuine issue as to the amount of damages.

(d) Case Not Fully Adjudicated on Motion. If on motion under the rule judgment is not rendered upon the whole case or for all the relief asked and a trial is necessary, the court at the hearing of the motion, by examining the pleadings and the evidence before it and by interrogating counsel, shall if practicable ascertain what material facts exist without substantial controversy and what material facts are actually and in good faith controverted. It shall thereupon make an order specifying the facts that appear without substantial controversy, including the extent to which the amount of damages or other relief is not in controversy, and directing such further proceedings in the action as are just. Upon the trial of the action, the facts so specified shall be deemed established, and the trial shall be conducted accordingly.

(e) Form of Affidavits; Further Testimony; Defense Required. Supporting and opposing affidavits shall be made on personal knowledge, shall set forth such facts as would be admissible in evidence, and shall show affirmatively that the affiant is competent to testify to the matters stated therein. Sworn or certified copies of all papers or parts thereof referred to in an affidavit shall be attached thereto or served therewith. The court may permit affidavits to be supplemented or opposed by depositions, answers to interrogatories, or further affidavits. When a motion for summary judgment is made and supported as provided in this rule, an adverse party may not rest upon the mere allegations or denials of a pleading, but a response, by affidavits or as otherwise provided in this rule, must set forth specific facts showing that there is a genuine issue for trial. If the adverse party does not so respond, summary judgment, if appropriate, shall be entered against the adverse party.

(f) When Affidavits Are Unavailable. Should it appear from the affidavits of a party opposing the motion that for reasons stated, the party cannot present by affidavit facts essential to justify the party's opposition, the court may refuse the application for judgment or may order a continuance to permit affidavits to be obtained or depositions to be taken or discovery to be had or may make such other order as is just.

(g) Affidavits Made in Bad Faith. Should it appear to the satisfaction of the court at any time that any of the affidavits presented pursuant to this rule are presented in bad faith or solely for the purpose of delay, the court shall forthwith order the party employing them to pay to the other party the amount of the reasonable expenses which the filing of the affidavits caused the other party to incur, including reasonable attorney fees, and any offending party or attorney may be adjudged guilty of contempt.

(h) Form of Order. The order granting or denying the motion for summary judgment shall designate the documents and other evidence called to the attention of the trial court before the order on summary judgment was entered.

[Adopted effective July 1, 1967; Amended effective September 1, 1978; September 1, 1985; September 1, 1988; September 1, 1990; September 1, 1993; April 28, 2015.]